Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services

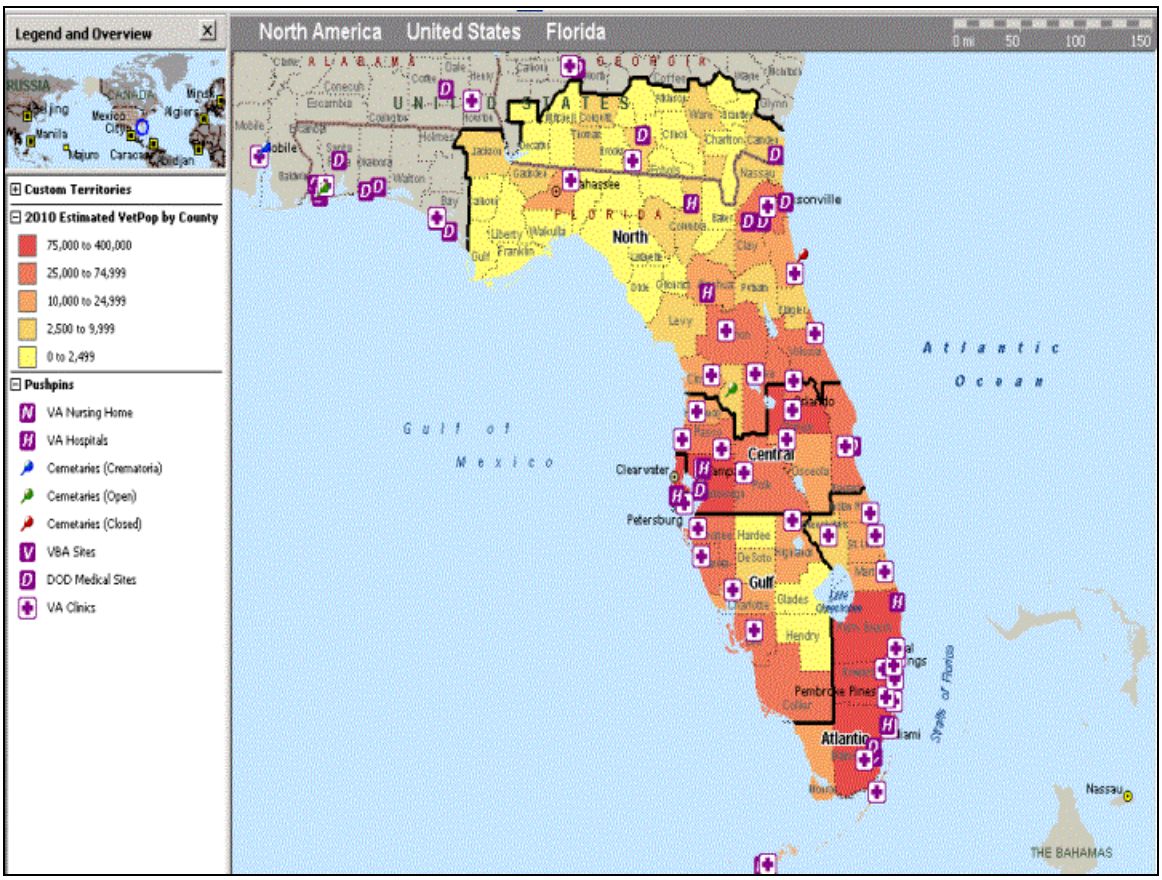
VISN 8

Market Plans

Attention

The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

Table of Contents – VISN 08



2. Market Definitions

Market Designation: VISN 8 is proposing 5 CARES markets and 8 submarkets, as follows, including the rationale for each:

Market	Includes	Rationale	Shared Counties
Gulf Code: 8a	11 Counties in Florida 2 sub-markets: 8a-1 North 8a-2 South	This market area was considered for the established care patterns within the Bay Pines VAMC PSA including a major medical center located in the far north end of the market and all southern counties except Monroe County on the tip of Florida. The natural barriers of interior Florida combined with the north/south travel patterns on I-275 and I-75, parallel the CBOC location north/south patterns and patient flow along the Gulf Coast counties that are heavily populated. Zip Code analysis has been requested for Lee County to determine if further planning is required for this heavily populated area.. The 3 urban counties that comprise the Gulf-North Submarket center around the I-275 and I-75 commuter corridor around the west and south side of Tampa Bay. The Sunshine Skyway Bridge connects Pinellas and Manatee Counties. The bridge is more of a barrier and challenge to the Gulf-South Submarket enrollees seeking tertiary care at the Bay Pines VAMC. The demand for access to care is high in this submarket. The Gulf-South Submarket includes more rural counties to the east of the I-75 corridor but also includes very heavily populated counties along the Gulf coast. Inpatient care and specialty care is provided by the Bay Pines VAMC 1-3	None

Market	Includes	Rationale	Shared Counties
		hours north on a fast moving, crowded interstate, or at a multispecialty outpatient clinic located in Lee County. There is a definite gap in demand and supply for veterans accessing primary care, specialty and acute inpatient care. A new Florida Department of Veterans Affairs NHCU is currently under construction to meet the demand for long-term care services in Charlotte County. The demand for care is very high and the supply restricted	
Atlantic Code: 8B	7 Counties Includes counties of West Palm Beach and Miami PSAs <u>2 sub-markets</u>: 8b-1 North 8b-2 South	This is the most heavily populated market in VISN 8. This market area was considered to include the Miami and West Palm Beach PSA counties anchored by the Miami VAMC in the South Submarket and the WPB VAMC in the North. The natural barriers of the Everglades and interior Florida, combined with the north/south travel patterns on I-95 and the Florida Turnpike, parallel the north/south CBOC location patterns and patient flow along the Atlantic Coast counties that are heavily populated. Zip Code analysis has been requested for Dade, Palm Beach, and Broward Counties to determine if further planning is required for these heavily populated areas.system serves a large TRICARE population. There are five CBOCs that further support this market. The Atlantic-North Submarket is comprised of one heavily populated urban county and three growing urban counties along the Atlantic coastline and one steadily growing rural county. Inpatient care is accessed through the WPB VAMC and surgery is consolidated with the Miami VAMC in the South	None

Market	Includes	Rationale	Shared Counties
		Submarket. Veteran enrollment is predicted to grow from a high 41% to 54% by 2010. The Atlantic South Submarket is made up of two very heavily populated and urban counties Monroe County that is located on the southern tip of Florida and includes the Keys. The Everglades are to the west of the urban counties and to the east of the rural county. Access to the Miami VAMC for specialty and tertiary care is along the north/south I-95 or east/west I-75. Market share growth rate is projected to increase from 23% to 43%. The enrollees on the Gulf coast drive long distances to Miami or to Bay Pines for acute care. A multispecialty clinic is located in Broward County.	
North Code: 8c	52 Counties Includes counties of North Florida/South Georgia PSA 2 sub-markets: 8c-1 East 8c-2 West	This 52 county market area is easily the largest VISN 8 market in square miles. It is comprised of the NF/SG PSA counties and was developed to include the more heavily populated counties of the Atlantic coastal areas and immediate interior counties in Florida and Georgia, the heavily populated counties of north central Florida, and the more rural counties of the eastern half of the panhandle area of Florida and south Georgia. Zip Code analysis has been requested for Volusia and Flagler Counties to determine if further planning is required for these heavily populated areas The North-East Submarket is a mix of	VISN 8, 7, and 16 have agreed to collaborate on a planning initiative to improve inpatient and specialty care access for the common enrollees of the greater panhandle markets.

Market	Includes	Rationale	Shared Counties
		heavily populated urban counties, surrounded by very rural counties. The transportation and demographic patterns are parallel to the 3 interstate highways and major state highways that crisscross the area. I-95 runs north and south along the Atlantic coast, I-75 runs north and south in the center of the state past a major medical center, and I-10 runs east and west intersecting the north/south interstates and state highways. Enrollees access tertiary care from the Gainesville VAMC and a multispecialty outpatient clinic is located in Duval County. The CBOCs are well positioned in the higher populated areas to serve a projected 89% of enrollees in 2010. The North-West Submarket is comprised of the least populated rural counties of Florida and Georgia in the eastern half of the Florida Panhandle and southern Georgia. The main transportation routes are I-75 and I-10 that form a cross in the near middle of the Submarket area. Leon County is the only densely populated county and the location of a multispecialty outpatient clinic. Inpatient care is provided by the Lake City Hospital in rural Columbia County, tertiary care is referred to the Gainesville VAMC, and fee care is heavily depended on in the more western counties of this area. The North-West Submarket abuts VISN 7 to the north and VISN 16 to the west. This is an area of population growth and enrollee market share increases are projected for 2010 in the three Network markets. <u>Shared Market planning initiative:</u>	

Market	Includes	Rationale	Shared Counties
		The adjoining areas have DoD or private hospitals with long travel distances to Lake City, FL, or Biloxi, MS. VISN 8, 7, and 16 have agreed to collaborate on a planning initiative to improve inpatient and specialty care access for the common enrollees of the greater panhandle markets.	
PUERTO RICO Code: 8d	PUERTO RICO	This market has enjoyed the largest market share of patients in the VHA or 50%. Because the market share is large the rate drops to 49% by 2010. The Puerto Rico Market is the only market without submarkets and because it is comprised of the islands of Puerto Rico, US Virgin Islands of St. Thomas & St. Croix, and Arecibo. The market is based on the current PSA with the access to inpatient care at the large and very busy Medical Center in San Juan. There are two multispecialty outpatient clinics in Ponce and Mayguez and three CBOCs in Arecibo and the US Virgin Islands of St. Thomas & St. Croix. The major barrier to care is the geographic barrier our patients face when referred for tertiary care on or off the islands of Puerto Rico, St. Croix, Arecibo and St. Thomas. In addition all roads in Puerto Rico are generally congested turning short distances into long (by time) trips. Zip Code analysis has been requested for Puerto Rico in the heavily populated Municipality areas of the country that equate to state counties in the US.	None
Central Code: 8e	8 Counties Includes counties of Tampa PSA	This is the second most heavily populated market in VISN 8 with all urban counties. The 8 counties that comprise this market area were considered for the established	None

Market	Includes	Rationale	Shared Counties
	2 sub-markets: 8e-1 East 8e-2 West	care patterns within the Tampa VAMC and PSA including a major medical center located in the western end of the market. There is a major multispecialty outpatient clinic, domiciliary and NHCU located in Orange County and two large multispecialty outpatient clinics located in Pasco and Brevard Counties. The travel patterns are north/south on I-75, east/west on I-4, and west/south on I-275. The CBOCs are staffed and contracted and parallel the highway east/west or north/south patterns and patient flow along the Gulf Coast counties that are heavily populated. Zip Code analysis has been requested for Hillsborough, Orange and Brevard counties to determine if further planning is required for these heavily populated areas. The 4 urban counties that comprise the Central-East Submarket center around the heavily traveled east/west I-4 and north/south I-95 interstate highways. Traffic is a definite barrier in this submarket and the tourist traffic often makes driving difficult or very slow, particularly in Orlando. The demand for access to care is high in this submarket and inpatient care limited to a NHCU at the Veterans Health Center in east Orlando. Contracted inpatient care is the norm for the Brevard County multispecialty clinic and all care is heavily demanded in Brevard County. Tertiary care and complex specialty cases are referred to Tampa but the driving times are long and difficult. The 4 urban counties that comprise the	

Market	Includes	Rationale	Shared Counties
		Central-West Submarket center around the I-275, I-75, and I-4 interstate commuter corridors. Tampa Bay traffic is a barrier from all directions as it is always very busy and during many hours of the day clogged. The demand for care is very high and the Tampa VAMC is busting at the seams. The demand for access to care is very high in this submarket and predicted to remain so in 2010. Tampa has many tertiary care programs and the referral hospital for many patients throughout and outside the VISN. For example the Radiation Therapy and Spinal Cord Injury Units are very busy with referral workload.	

3. Facility List

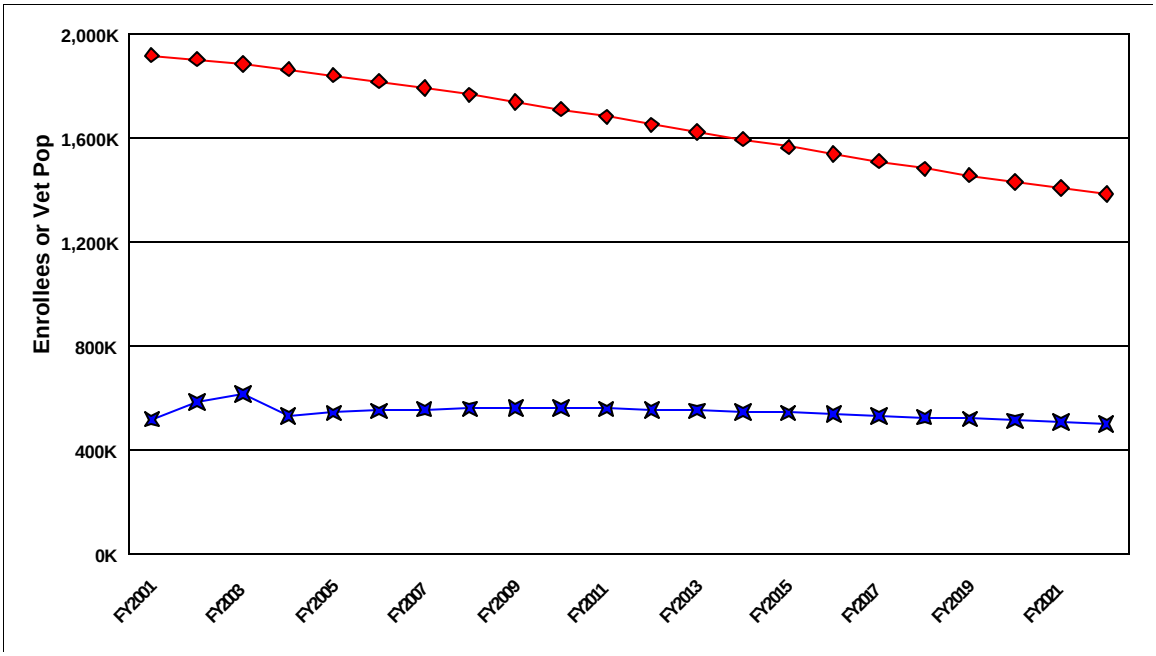
VISN : 8				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Bay Pines				
516 Bay Pines	✔	✔	✔	-
516BZ Ft. Myers	✔	-	-	-
516GA Sarasota	✔	-	-	-
516GB S St Petersburg	✔	-	-	-
516GC Clearwater	✔	-	-	-
516GD Manatee	✔	-	-	-
516GE Port Charlotte/Charlotte County	✔	-	-	-
516GF Naples/Collier County	✔	-	-	-
516GH Avon Park	✔	-	-	-
Gainesville				
573 North Florida/South Georgia HCS-Gainesville	✔	✔	✔	-
573BY Jacksonville	✔	-	-	-
573BZ Daytona Beach	✔	-	-	-
573GD Ocala	✔	-	-	-
573GE St. Augustine	✔	-	-	-
573GG Inverness (Citrus County)	✔	-	-	-
573GH Leesburg (Lake County)	✔	-	-	-
Lake City				
573A4 North Florida/South Georgia HCS-Lake City	✔	✔	-	-
573GA Valdosta	✔	-	-	-
573GF Tallahassee	✔	-	-	-

Facility	Primary	Hospital	Tertiary	Other
Miami				
546 Miami	✓	✓	✓	-
546BZ Oakland Park	✓	-	-	-
546GA Miami	✓	-	-	-
546GB Key West	✓	-	-	-
546GC Homestead	✓	-	-	-
546GD Pembroke Pines	✓	-	-	-
546GE Key Largo	✓	-	-	-
546GF Hallandale (Southeast Broward Co.)	✓	-	-	-
546GG Coral Springs	✓	-	-	-
546GH Deerfield Beach	✓	-	-	-
San Juan				
672 San Juan	✓	✓	✓	-
672B0 Ponce	✓	-	-	-
672BZ Mayaguez	✓	-	-	-
672GA St Croix	✓	-	-	-
672GB St Thomas	✓	-	-	-
672GC Arecibo	✓	-	-	-
672GE Guayama	✓	-	-	-
Tampa				
673 Tampa	✓	✓	✓	-
673BY Orlando	✓	-	-	-
673BZ Port Richey	✓	-	-	-
673GA Viera	✓	-	-	-
673GB Lakeland	✓	-	-	-
673GC Brooksville	✓	-	-	-
673GD Sanford	✓	-	-	-
673GE Kissimmee	✓	-	-	-
673GF Zephyrhills	✓	-	-	-
New East Central Florida	✓	✓	-	-

Facility	Primary	Hospital	Tertiary	Other
West Palm Beach				
548 W Palm Beach	✓	✓	-	-
548GA Ft Pierce	✓	-	-	-
548GB Delray Beach	✓	-	-	-
548GC Stuart	✓	-	-	-
548GD Boca Raton	✓	-	-	-
548GE Vero Beach	✓	-	-	-
548GF Okeechobee	✓	-	-	-

4. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

Effective Use of Resources		
PI?	**Issue**	**Rationale/Comments Re: PI**
N	Small Facility Planning Initiative	
N	Proximity 60 Mile Acute	North Floride, South Georgia, Gainesville and Lake City Divisions. The team recommends that this not be a Proximity PI. Gainsville and Lake City were integrated as a Veterans Health System in FY98 and have complementary missions.
Y	Proximity 120 Mile Tertiery	The team recommends that Bay Pines/Tampa and Miami/West Palm Beach, FL, become a Proximity PI. At Bay Pines/Tampa they have already completed initial clinical and administrative integrations for joint effeciencies. West Palm Beach/Miami are located within 81 miles of each other and potential sharing of services should be explored. Additional analysis needs to be pursued for those sites.
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005.

b. Special Disabilities

Special Disabilities Program		
PI?	**Other Issues**	**Rationale/Comments**
N	Blind Rehabilitation	No recommendations
Y	Spinal Cord Injury and Disorders	Develop 30 LTC SCI beds in Tampa

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	**Collaborative Opportunities**	**Rationale/Comments**
Y	Enhanced Use	Bay Pines VAMC was identified as one of the High-Potential Enhanced Use Lease Opportunities for VHA. Consider this potential opportunity in the development of the Market Plan.
Y	Enhanced Use	Initial discussions between Miami VAMC and University of Miami have taken place to add three floors to the VA for U of M research.
Y	VBA	There is potential for co-location. Currently, Jacksonville OPC and Broward County OPC are exploring short-term mini RO operations. Also, West Palm Beach VAMC is exploring a similar long-term arrangement.
Y	NCA	There are potential **NCA** opportunities with the VA that were found in VISN 8 for review and analysis. Consider this potential opportunity in the development of the Market Plan. Sites: Bay Pines (currently a co-located site)., Gainesville, Lake City, San Juan (potential collocation at Fort Buchanan). If a new facility is obtained in Gulf South sub-market, coordinate obtaining additional property with NCA

Collaborative Opportunities for use during development of Market Plans		
Y	DOD	There are potential DoD opportunities with the VA that were found in V8 for review and analysis. Consider this potential opportunity in the development of the Market Plan. 1. VISN 8 currently has one co-located CBOC with the Navy in Key West Florida. Potential for further development exists. 2. There are DoD facilities located within close proximity to the Jacksonville clinic. There may also be a potential opportunity in the "Panhandle" area [See VISN 16 Plan and coordinate with VISN 16]. DoD sites include: Naval Hospital Jacksonville, McDill AFB in Tampa, Patrick AFB in Brevard County. 3. San Juan VAMC has started discussions with the DoD facilities located on Puerto Rico to pursue collaborative sharing initiatives.

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	**Other Issues**	**Rationale/Comments**
N	San Juan has a major construction project, Seismic Corrections that will not alleviate all seismic and life safety code issues. The current major is considered a base for a master construction plan to eliminate all seismic and life safety code issues.	Based on FCA space and conditions assessment, San Juan has major space and environment of care issues. It is also a non-asbestos abated facility.
Y	The Gulf South submarket has greater than 50% of its population beyond tertiary care and acute care access criteria.	This issue will be addressed under the PI for acute hospital access for the Gulf Market
Y	The Central East submarket has greater than 50% of its population beyond tertiary care and acute care access criteria.	This issue will be addressed under the PI for acute hospital access for the Central Market

Other Gaps/Issues Not Addressed By CARES Data Analysis		
Y	The North East submarket (Jacksonville) has greater than 50% of its population beyond tertiary care and acute care access criteria.	This issue will be addressed under the PI for acute hospital access for the North Market
N	Tampa VAMC is currently not compliant with Sprinkler 2000 and has asbestos issues.	
N	NF/SG (Gainesville facility) has plans to alleviate patient privacy and life safety code issues by building a patient bed tower (2005 CIP).	

e. Market Capacity Planning Initiatives

Atlantic Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	298,265		250,876	**84%**	183,683	**62%**
	Treating Facility Based **	317,197		237,184	**75%**	166,141	**52%**
Specialty Care	Population Based *	269,433		301,750	**112%**	249,030	**92%**
	Treating Facility Based **	280,512		303,257	**108%**	245,891	**88%**

Central Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	354,428		222,580	**63%**	160,788	**45%**
	Treating Facility Based **	400,153		193,193	**48%**	124,197	**31%**
Specialty Care	Population Based *	289,656		328,424	**113%**	282,119	**97%**
	Treating Facility Based **	324,429		308,448	**95%**	255,837	**79%**
Mental Health	Population Based *	107,566		94,015	**87%**	61,982	**58%**
	Treating Facility Based **	108,903		88,303	**81%**	58,175	**53%**

Gulf Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	249,946		87,640	**35%**	35,947	**14%**
	Treating Facility Based **	258,634		80,036	**31%**	28,941	**11%**
Specialty Care	Population Based *	182,908		188,467	**103%**	142,077	**78%**
	Treating Facility Based **	176,855		201,684	**114%**	155,790	**88%**
Medicine	Population Based *	33,924		(2,895)	**-9%**	(9,440)	**-28%**
	Treating Facility Based **	33,399		(2,272)	**-7%**	(8,697)	**-26%**

North Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	310,820		131,169	**42%**	73,491	**24%**
	Treating Facility Based **	309,166		122,045	**39%**	66,489	**22%**
Specialty Care	Population Based *	239,555		263,405	**110%**	217,477	**91%**
	Treating Facility Based **	227,964		262,368	**115%**	219,703	**96%**
Psychiatry	Population Based *	16,483		12,347	**75%**	7,042	**43%**
	Treating Facility Based **	14,328		13,579	**95%**	8,399	**59%**

Puerto Rico Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	182,951		117,769	**64%**	25,775	**14%**
	Treating Facility Based **	188,958		185,235	**98%**	96,259	**51%**
Medicine	Population Based *	71,220		(28,762)	**-40%**	(43,587)	**-61%**
	Treating Facility Based **	75,859		(23,103)	**-30%**	(38,456)	**-51%**
Surgery	Population Based *	18,695		(4,605)	**-25%**	(9,160)	**-49%**
	Treating Facility Based **	19,256		(3,598)	**-19%**	(8,056)	**-42%**

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

VISN 8 has continuously reached out to the stakeholders through media, email, mailings, newspaper articles, town hall meetings, and other one-on-one sessions to increase communication with the stakeholders. Management Assistance Council Meetings have focused on development of the CARES Market Plans. Timely telephonic and e-mail correspondence kept affiliate liaisons informed of CARES developments. The address of the VISN 8 CARES Internet Website has been widely disseminated to allow interested individuals the opportunity to review the progress of CARES planning as it unfolded and to allow a direct forum for comments or input. Finally, individual letters were sent to Affiliates, Congressional Offices, and VSO's advising them of the proposed CARES Market Plans and contacts for further information and discussion. Through these efforts, areas of particular stakeholder concern emerged and were either addressed satisfactorily or have been included as a future planning consideration.

The Network Director has personally visited or contacted several members of Congress and made a presentation to the Governor and his Cabinet regarding the CARES Market Plans. The Network Director received correspondence from several Representatives, expressing concern or interest and supporting clinics / facilities in their districts or advocating for the purchase of various infrastructure. Two specific examples are the potential placement of hospital infrastructure in East Central Florida and hospital infrastructure and/or expanded clinical presence in West Central Florida. There is a concern that the CARES projected veteran growth in West Central Florida, particularly in Pasco, Hernando, and Sumter Counties, does not adequately reflect the actual veteran growth. Reportedly 1 out of every 200 new homes built in America is built in Pasco County. A large number of these homes will likely belong to veterans in need of VA healthcare. In light of this expressed concern and the potential demand for services, VISN 8 is including plans to expand existing clinics or add new CBOCs as that growth occurs.

Employee newsletters, question and answer sheets and other communiqués to employees at-large were published. The VISN 8 Network Director held Town Hall Meetings on CARES at all facilities.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

VISN 7 collaborations were discussed with Paul Bockelman, Health System Specialist, and Atlanta. They are planning a CBOC in Brunswick, GA for FY08 to address a primary care access PI for their market. Our CBOC is planned in St. Mary's, GA for FY05. St. Mary's is about an hour from Brunswick. Conclusion: CBOCs planned for both VISN 7 and VISN 8's North Market are needed and will go forward for inclusion in the overall plans.

VISN 16 collaborations were discussed with Kathleen Fogarty, Associate Director, and Oklahoma City. They discussed their exploration of opportunities for care for their Southeast sub market by purchasing care from Eglin AFB, Tyndall AFB, Pensacola Naval Air Station, or community-based care in Panama City. Their plans will still be outside the CARES requirements for travel time for veterans in the North Market counties for VISN 8. Conclusion: There is no conflict with any of the planning initiatives between VISN 16 and VISN 8's North Market. Our plans are complimentary and we will both proceed. Collaborations with Central Market within VISN 8 centered on discussion of hospital access. The Central Market is planning increased hospital access in Orlando, but this is planned for the west side of Orlando and would be outside the 60 minute drive time requirement for our population's needs, so we plan to contract for care in Volusia County (Halifax in Daytona Beach) to meet our hospital care access gap.

B. Resolution of VISN Level Planning Initiatives

1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Proximity Narrative:

Bay Pines and Tampa were not identified as a Proximity PI, but they held discussions with the following outcome:

An assessment of the current environment shows that both Bay Pines and the James A. Haley Veterans' Medical Centers should continue as viable independent entities. Irrespective of individual service line analyses, there is an existent and overriding infrastructure impediment to any substantial reassignment of workload. The CARES Step 2, Facility Condition Assessment has determined that both facilities are currently sustaining space deficits in the 500,000 square foot range. Accordingly, any substantive reassignment (consolidation, integration) of clinical workload would require a commensurate capital asset investment in infrastructure. Moreover, from a global perspective both Medical Centers have large and complex patient populations which warrant continued existence of the facilities. Finally, the 36 mile distance between the two facilities understates perception. Bay Pines and the James A. Haley Veterans' Hospitals are separated by Tampa Bay, over which patients must traverse one of three connecting bridges. This evokes an image of clear and distinct separation between sites. Nonetheless, a fundamental analysis of high profile services was performed:

Ø Invasive Cardiology. Workload at both stations is substantial and growing, as Bay Pines is currently installing a Cath Lab, while Tampa is installing its second Cath Lab.
Ø Hemodialysis. This was studied by a VISN Task Force. Its key findings were that no savings could be realized by contracting out these services. Moreover, Tampa must maintain an acute care presence for hemodialysis services, therefore the infrastructure is designed to perform the function. Adding chronic dialysis services is straightforward and cost effective.
Ø Joint Replacement. Bay Pines currently does not provide these services.
Ø Vascular Surgery. Both stations are providing these services with ample workload to respectively justify.
Ø Neurosurgery. Only Tampa provides these services.
Ø Interventional Radiology. Only Tampa provides these services.
Ø Transplant Programs. Neither station provides these services.

Potential Administrative Services consolidation has also been evaluated by VISN and VACO sanctioned Task Forces.

Ø Food and Nutrition Service. A full study was performed on the feasibility of integrating Food and Nutrition Services, but proved inviable.
Ø Facilities Management. VISN 8 performed a comprehensive and total review for integrative possibilities between and among all Facilities Management Services. Over 25 specific initiatives were selected from among 60 possibilities for further development. Each of these is targeted to improve services and reduce costs.

There are no outcomes in any of the 11 current environment assessment factors which support closure or consolidation. Even the fine points, such as the percentage of enrollees who currently go to both facilities, does not yield such data. For example, only seven inpatient beds traverse to Bay Pines from Tampa, and 14.7 beds in reverse. This is miniscule in relation to the huge aggregate workload of these facilities.

The CARES-identified severe and acute (as well as projected) shortage of space at both facilities is most salient. This is a serious matter which has been previously identified and remains as a key element in both the Capital Asset Plan and CARES-generated infrastructure projects (see Facility Condition Assessment). In addition, the James A. Haley Veterans' Hospital in Tampa sustains a chronic parking shortage. Simply put, the infrastructures of both facilities will require significant and swift capital investments in order to entertain any future possibilities of meaningful transfer of workload between the two. For all these reasons, the proximity planning initiative analysis indicates that both facilities should remain as viable independent entities.

2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Your analysis should include the following:

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:

    - SCI
    - Blind Rehab
    - SMI
    - TBI
    - Substance Abuse
    - Homeless
    - PTSD

2. Discuss how the planning initiative may affect, complement or enhance special disability services.

3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

Special Disability Narrative:

Spinal Cord Injury

SCI projection models were developed through the combined efforts of SCI &D officials and the Office of the Actuary in collaboration with the National CARES Program Office. The briefing paper published in February, 2003, states that, "Long term care SCI bed development is supported for VISN[s] 8 (Tampa) … "

As background, inclusion of the referenced extended (long term) care beds was originally included within the scope of the recently activated Spinal Cord Injury Addition at the James A. Haley Veterans' Hospital. It was not, however, funded for construction at that time. The design for the addition of the F wing which was to hold the extended care beds was completed, and requires perhaps minimal updating in order to be deemed bid-ready.

Based upon the exhaustive analysis and findings of the aforementioned offices, this CARES-identified need is squarely addressed with a planning initiative to construct the F wing for 30 long-term care beds.

Traumatic Brain Injury.

A non-PI is included in the Market Plan to construct a replacement TBI Ward at Tampa. The currently inhabited Traumatic Brain Injury area received a code compliance rating of 1.0 in the CARES Space and Function Survey. The plan is to co-locate the Traumatic Brain Injury Unit in proximity with the Spinal Cord Injury Center. The James A. Haley Veterans' Hospital is a Southeastern United States referral center for active duty TBI patients as well as its Veterans complement population.

Approval and funding of this Planning Initiative provides the same overall opportunity for benefits as described in Planning Initiatives 2, 3 and 4 vis-à-vis the CARES-identified quantitative and qualitative space deficiencies at Tampa.

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

Vacant Space: All VISNs explore options & develop plans to reduce vacant space by 10% in 2004 & 30% by 2005. VISN 8, effectively has no vacant space and has a demand for significantly more space than it currently has. This is addressed in the Vacant Space CARES Category.

Enhanced Use: Bay Pines and Miami. Both facilities addressed in the Enhanced Use Narratives.

VBA/NCA/DoD: Potential co-location options were considered and are included in the facilities VBA Narratives.

Gulf South Submarket: Addressed in the Gulf Market Narratives and Plan.

Central East Submarket: Addressed in the Central Market Narratives and Plan.

North East Submarket: Addressed in the North Market Narratives and Plan.

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

	BDOC Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	221,167	222,508	175,587	187,243	35,269	150,923	24,668	$ (98,978,423)
Surgery	87,528	74,438	59,318	68,741	5,698	54,543	4,779	$ 5,112,175
Psychiatry	69,369	108,740	85,843	100,802	7,942	81,350	4,495	$ 14,978,317
PRRTP	13,989	13,989	13,989	13,989	-	13,989	-	$ (1,087,816)
NHCU/Intermediate	984,314	984,314	984,314	358,463	625,851	300,052	625,851	$ 20,294,001
Domiciliary	46,387	46,387	46,387	46,387	-	46,387	-	$ 9,533,642
Spinal Cord Injury	29,701	29,701	29,701	29,701	-	29,701	-	$ -
Blind Rehab	7,782	7,782	7,782	7,782	-	7,782	-	$ (474,329)
Total	**1,460,237**	**1,487,858**	**1,402,921**	**813,108**	**674,760**	**684,727**	**659,793**	**$ (50,622,433)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	296,658	462,621	365,948	429,124	346,721	$ (98,978,423)
Surgery	94,460	119,472	95,238	117,677	93,421	$ 5,112,175
Psychiatry	98,673	200,263	156,590	192,730	153,464	$ 14,978,317
PRRTP	42,719	37,222	37,222	37,222	37,222	$ (1,087,816)
NHCU/Intermediate	407,820	407,820	407,820	407,815	407,815	$ 20,294,001
Domiciliary	61,715	61,602	61,602	57,201	57,201	$ 9,533,642
Spinal Cord Injury	118,967	118,967	118,967	118,967	118,967	$ -
Blind Rehab	26,644	26,644	26,644	26,644	26,644	$ (474,329)
Total	**1,147,656**	**1,434,611**	**1,270,030**	**1,387,380**	**1,241,455**	**$ (50,622,433)**

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	1,553,619	2,241,755	1,909,718	1,903,875	337,883	1,670,092	239,628	$ 6,847,525
Specialty Care	1,198,716	2,459,708	2,172,195	2,043,183	416,528	1,817,541	354,658	$ (104,406,152)
Mental Health	526,828	786,764	671,334	619,111	167,657	538,371	132,966	$ (102,718,096)
Ancillary& Diagnostic	1,755,681	2,952,606	2,785,952	2,333,955	618,653	2,174,299	611,655	$ (463,210,295)
Total	**5,034,844**	**8,440,833**	**7,539,200**	**6,900,124**	**1,540,721**	**6,200,303**	**1,338,907**	**$ (663,487,018)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	411,295	1,077,305	916,958	954,807	837,916	$ 6,847,525
Specialty Care	752,438	2,599,330	2,294,207	2,274,946	2,025,620	$ (104,406,152)
Mental Health	207,505	558,852	476,640	473,041	412,196	$ (102,718,096)
Ancillary& Diagnostic	508,747	1,817,249	1,714,579	1,493,732	1,391,551	$ (463,210,295)
Total	**1,879,985**	**6,052,736**	**5,402,383**	**5,196,526**	**4,667,283**	**$ (663,487,018)**

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	218,050	218,050	218,050	218,755	218,755	$ (28,338,393)
Admin	1,509,412	3,566,215	3,184,336	3,089,655	2,778,086	$ (71,871,078)
Outleased	143,005	143,005	143,005	32,000	32,000	N/A
Other	271,130	271,130	271,130	271,130	271,130	$ (2,857,255)
Vacant Space	49,525	-	-	169,213	299,455	$ 53,509,499
Total	**2,191,122**	**4,198,400**	**3,816,521**	**3,780,753**	**3,599,426**	**$ (49,557,227)**

II. Market Level Information

A. Atlantic Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Atlantic Code: 8B	7 Counties Includes counties of West Palm Beach and Miami PSAs 2 sub-markets: 8b-1 North 8b-2 South	This is the most heavily populated market in VISN 8. This market area was considered to include the Miami and West Palm Beach PSA counties anchored by the Miami VAMC in the South Submarket and the WPB VAMC in the North. The natural barriers of the Everglades and interior Florida, combined with the north/south travel patterns on I-95 and the Florida Turnpike, parallel the north/south CBOC location patterns and patient flow along the Atlantic Coast counties that are heavily populated. Zip Code analysis has been requested for Dade, Palm Beach, and Broward Counties to determine if further planning is required for these heavily populated areas.system serves a large TRICARE population. There are five CBOCs that further support this market. The North Valley market tertiary care referrals go to VA Palo Alto Health Care System and VAMC San Francisco as appropriate. The Atlantic-North Submarket is comprised of one heavily populated urban county and three growing urban counties along the Atlantic coastline and one steadily growing rural county. Inpatient care is accessed through the WPB VAMC and surgery is consolidated with the Miami VAMC in the South Submarket. Veteran enrollment is predicted to grow from a high 41% to 54% by 2010. The Atlantic South Submarket is made up of two very heavily populated and urban counties Monroe County that is located on the southern tip of Florida and	None

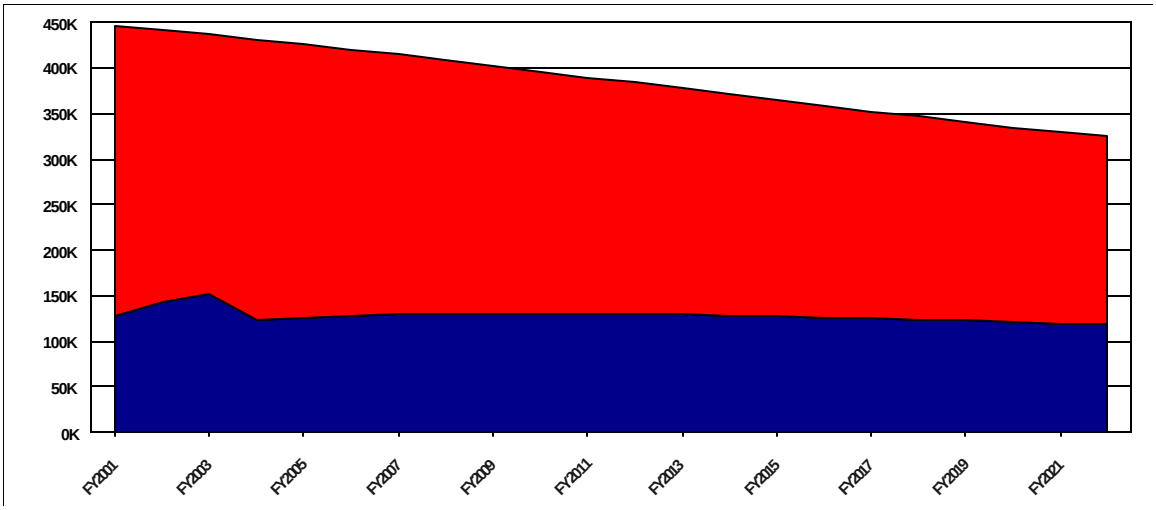
Market	Includes	Rationale	Shared Counties
		includes the Keys. The Everglades are to the west of the urban counties and to the east of the rural county. Access to the Miami VAMC for specialty and tertiary care is along the north/south I-95 or east/west I-75. Market share growth rate is projected to increase from 23% to 43%. The enrollees on the Gulf coast drive long distances to Miami or to Bay Pines for acute care. A multispecialty clinic is located in Broward County.	

b. Facility List

Facility	Primary	Hospital	Tertiary	Other
Miami				
546 Miami	✓	✓	✓	-
546BZ Oakland Park	✓	-	-	-
546GA Miami	✓	-	-	-
546GB Key West	✓	-	-	-
546GC Homestead	✓	-	-	-
546GD Pembroke Pines	✓	-	-	-
546GE Key Largo	✓	-	-	-
546GF Hallandale (Southeast Broward Co.)	✓	-	-	-
546GG Coral Springs	✓	-	-	-
546GH Deerfield Beach	✓	-	-	-
West Palm Beach				
548 W Palm Beach	✓	✓	-	-
548GA Ft Pierce	✓	-	-	-
548GB Delray Beach	✓	-	-	-
548GC Stuart	✓	-	-	-
548GD Boca Raton	✓	-	-	-
548GE Vero Beach	✓	-	-	-
548GF Okeechobee	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Atlantic Market			**Februrary 2003 (New)**			
Market PI	**Category**	**Type Of Gap**	**FY2012 Gap**	**FY2012 %Gap**	**FY2022 Gap**	**FY2022 %Gap**
	Access to Primary Care					
	Access to Hospital Care					
	Access to Tertiary Care					
Y	Specialty Care Outpatient Stops	Population Based	**301,748**	**112%**	**249,028**	**92%**
		Treating Facility Based	**303,255**	**108%**	**245,890**	**88%**
Y	Primary Care Outpatient Stops	Population Based	**250,876**	**84%**	**183,683**	**62%**
		Treating Facility Based	**237,184**	**75%**	**166,141**	**52%**
N	Psychiatry Inpatient Beds	Population Based	**20**	**27%**	3	4%
		Treating Facility Based	18	**25%**	1	2%
N	Medicine Inpatient Beds	Population Based	**53**	**48%**	**25**	22%
		Treating Facility Based	**44**	**40%**	17	15%
N	Surgery Inpatient Beds	Population Based	7	15%	-2	-5%
		Treating Facility Based	5	9%	-5	-10%
N	Mental Health Outpatient Stops	Population Based	**51,138**	**35%**	**16,940**	12%
		Treating Facility Based	**50,084**	**34%**	**17,785**	12%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

VISN 8 and the Atlantic Market CARES groups have provided information sessions with all markets, including the Atlantic market. The Atlantic market is one of the largest areas of VISN 8, over 75,000 + veterans. CARES members have provided CARES facts, planning initiatives, and other related issues to VHA and stakeholders throughout the CARES process. Medical centers have continuously provided CARES education sessions with employees at new employee orientation.

Specific stakeholder groups have been included in question and answer sessions at various presentations, including the Management Assistance Council (MAC). At the MAC meetings Union representatives are able to ask as many questions as time will allow about CARES.

West Palm Beach Medical Center released a publication in the hospital newsletter.Publication contained information regarding the CARES process. In addition to the newsletter, a discussion on the CARES process was given to VAVS. Handouts were dispersed at the session.

VISN-wide, information with a PI summary was provided to each local shareholders and employees. Information was presented at VSO meetings. Multiple opportunities have been given to stakeholders to talk about their concerns with the CARES process. Additionally, the VISN 8 CARES website has been included in handouts, mailings, and newspaper publications.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Atlantic Market will increase capacity in Specialty Care by expanding current specialty care delivery sites VA WPB and VA Miami hospital based within the region to meet projected demand and further develop telemedicine applications to assist in meeting the demand. Additional improvements will be made in primary care by expanding the capacity of current PC sites within the region to include both CBOC (contract and VA owned / operated) and hospital based clinics. To include renovation of 8th & 9th floor at WPB. All inpatient medicine gaps will be handled through the expansion of hospital based inpatient medicine capacity by 16 beds at VAWPB and by 33 beds at VA Miami by 2012. Expansion at Miami to include additional telemetry / tertiary support capabilities. The inpatient psychiatry demand will be addressed through an increase in beds (10) beds at VAWPB and 15 beds at VA Miami by 1012. Additional space at WP to be recovered via the relocation of outpatient clinics currently located on 4C. Finally, adding or expanding the current primary care sites throughout the Atlantic Market will manage the increased capacity for outpatient mental health.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

No Impact

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**89%**	50,087	**89%**	39,001	**89%**	3,887
Hospital Care	**89%**	50,087	**89%**	39,001	**89%**	3,887
Tertiary Care	**89%**	50,087	**89%**	39,001	**89%**	3,887

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Miami

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

DoD - Exploring further development of capability to add an additional provider.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VBA - Participated in Market level collaborative efforts to support mini-RO in West Palm Beach.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

NCA: The Atlantic Market participated in VISN-level collaborations with NCA, but there is no excess land at any of the Atlantic Market sites to allow for further development.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

University of Miami enhanced use project proposal in development. U of M will pay for construction cost of adding three additional floors to existing research building at estimated cost of $8 million. VA Miami will address interior needs at est. cost of $10 million. Project identified for design in 2005 and construction in 2006-2007. Does not free up space for patient care relative to PI gaps.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	26,326	7,199	26,327	7,200	790	-	-	-	-	-	25,537	$ (390,376)
Surgery	12,321	555	12,321	555	-	-	-	-	-	-	12,321	$ -
Intermediate/NHCU	114,533	-	114,533	-	56,122	-	-	-	-	-	58,411	$ 20,294,001
Psychiatry	17,149	2,598	17,150	2,599	4,600	-	-	-	-	-	12,550	$ 7,340,848
PRRTP	6,693	-	6,693	-	-	-	-	-	-	-	6,693	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	9,945	-	9,945	-	-	-	-	-	-	-	9,945	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**186,967**	**10,352**	**186,969**	**10,354**	**61,512**	**-**	**-**	**-**	**-**	**-**	**125,457**	**$ 27,244,473**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	293,676	142,496	293,677	142,496	26,000	-	-	-	-	-	267,677	$ (8,759,676)
Specialty Care	281,282	138,707	281,282	138,707	25,000	-	-	-	-	-	256,282	$ (12,949,352)
Mental Health	113,024	12,186	113,024	12,187	1,131	-	-	-	-	-	111,893	$ (11,531,686)
Ancillary & Diagnostics	357,875	186,798	357,875	186,798	68,000	-	-	-	-	-	289,875	$ (10,448,383)
Total	**1,045,857**	**480,187**	**1,045,858**	**480,188**	**120,131**	**-**	**-**	**-**	**-**	**-**	**925,727**	**$ (43,689,097)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	53,373	15,031	53,372	15,030	38,342	6,300	-	-	-	-	44,642	(8,730)
Surgery	20,453	3,264	20,453	3,264	17,189	-	-	-	-	-	17,189	(3,264)
Intermediate Care/NHCU	66,422	-	66,421	(1)	66,422	-	-	-	-	-	66,422	1
Psychiatry	27,783	12,448	20,331	4,996	15,335	-	-	-	-	-	15,335	(4,996)
PRRTP	15,701	-	15,701	-	15,701	-	-	-	-	-	15,701	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	(29,687)	29,687	-	29,687	-	-	-	-	-	29,687	-
Blind Rehab	29,687	29,687	-	-	-	-	-	-	-	-	-	-
Total	**213,419**	**30,743**	**205,965**	**23,289**	**182,676**	**6,300**	**-**	**-**	**-**	**-**	**188,976**	**(16,989)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	139,497	84,204	133,838	78,545	55,293	-	-	6,000	52,000	-	113,293	(20,545)
Specialty Care	300,128	195,157	281,910	176,939	104,971	10,000	-	-	99,000	-	213,971	(67,939)
Mental Health	66,017	48,413	66,017	48,413	17,604	-	-	-	35,000	-	52,604	(13,413)
Ancillary and Diagnostics	226,750	128,324	185,520	87,094	98,426	6,500	-	-	35,000	-	139,926	(45,594)
Total	**732,391**	**456,097**	**667,285**	**390,991**	**276,294**	**16,500**	**-**	**6,000**	**221,000**	**-**	**519,794**	**(147,491)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(62,974)	58,363	(4,611)	62,974	-	-	-	-	-	62,974	4,611
Administrative	474,128	229,355	437,858	193,085	244,773	-	-	-	-	-	244,773	(193,085)
Other	56,824	-	56,824	-	56,824	-	-	-	-	-	56,824	-
Total	**530,952**	**166,381**	**553,045**	**188,474**	**364,571**	**-**	**-**	**-**	**-**	**-**	**364,571**	**(188,474)**

4. Facility Level Information – West Palm

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VBA Comment - Atlantic Market

- Currently in West Palm Beach VA Medical Center, VSC MSC has 6 employees and plans to expand to 30 in the current location.
- VR&E has 7 employees in Ft. Lauderdale and 2 in Lake Worth in private lease space and plans to consolidate and expand to 11 and collocate in VA clinic.
- Net: VBA plans space for 41 in VA hospital and/or clinic.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

NCA: The Atlantic Market participated in VISN-level collaborations with NCA, but there is no excess land at any of the Atlantic Market sites to allow for further development.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	21,930	6,580	21,931	6,581	1,316	-	-	-	-	-	20,615	$ (60,726)
Surgery	4,934	840	4,932	838	271	-	-	-	-	-	4,661	$ (298,375)
Intermediate/NHCU	106,240	-	106,240	-	69,056	-	-	-	-	-	37,184	$ -
Psychiatry	10,360	2,970	10,360	2,970	34	-	-	-	-	-	10,326	$ 156,033
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	4,366	-	4,366	-	-	-	-	-	-	-	4,366	$ -
Total	**147,830**	**10,390**	**147,829**	**10,389**	**70,677**	-	-	-	-	-	**77,152**	**$ (203,068)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	260,704	94,688	260,705	94,689	182,000	-	-	-	-	-	78,705	$ 83,734,616
Specialty Care	302,487	164,550	302,488	164,551	9,075	-	-	-	-	-	293,413	$ (6,304,920)
Mental Health	84,024	37,898	84,025	37,899	38,000	-	-	-	-	-	46,025	$ (30,672,239)
Ancillary & Diagnostics	398,731	188,897	398,731	188,897	7,975	-	-	-	-	-	390,756	$ (75,081,047)
Total	**1,045,946**	**486,033**	**1,045,949**	**486,036**	**237,050**	-	-	-	-	-	**808,899**	**$ (28,323,590)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	64,319	27,391	64,319	27,391	36,928	-	-	20,000	-	-	56,928	(7,391)
Surgery	7,781	4,601	7,737	4,557	3,180	3,500	-	-	-	-	6,680	(1,057)
Intermediate Care/NHCU	43,372	-	43,372	-	43,372	-	-	-	-	-	43,372	-
Psychiatry	16,783	2,399	16,728	2,344	14,384	-	-	-	-	-	14,384	(2,344)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	18,744	18,744	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	(18,744)	18,744	-	18,744	-	-	-	-	-	18,744	-
Total	**150,999**	**34,391**	**150,900**	**34,292**	**116,608**	**3,500**	**-**	**20,000**	**-**	**-**	**140,108**	**(10,792)**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	125,138	58,034	39,352	(27,752)	67,104	-	-	-	-	-	67,104	27,752
Specialty Care	325,689	222,316	325,688	222,315	103,373	-	-	170,000	-	-	273,373	(52,315)
Mental Health	49,718	30,294	28,075	8,651	19,424	-	-	-	3,500	-	22,924	(5,151)
Ancillary and Diagnostics	250,084	199,207	250,084	199,207	50,877	-	-	-	150,000	-	200,877	(49,207)
Total	**750,629**	**509,851**	**643,199**	**402,421**	**240,778**	**-**	**-**	**170,000**	**153,500**	**-**	**564,278**	**(78,921)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	384	384	-	-	-	-	-	-	-	(384)
Administrative	387,700	230,748	341,628	184,676	156,952	-	-	-	40,000	-	196,952	(144,676)
Other	28,672	-	28,672	-	28,672	-	-	-	-	-	28,672	-
Total	**416,372**	**230,748**	**370,684**	**185,060**	**185,624**	**-**	**-**	**-**	**40,000**	**-**	**225,624**	**(145,060)**

B. Central Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Central **Code: 8e**	**8 Counties** Includes counties of Tampa PSA 2 sub-markets: 8e-1 East 8e-2 West	This is the second most heavily populated market in VISN 8 with all urban counties. The 8 counties that comprise this market area were considered for the established care patterns within the Tampa VAMC and PSA including a major medical center located in the western end of the market. There is a major multispecialty outpatient clinic, domiciliary and NHCU located in Orange County and two large multispecialty outpatient clinics located in Pasco and Brevard Counties. The travel patterns are north/south on I-75, east/west on I-4, and west/south on I-275. The CBOCs are staffed and contracted and parallel the highway east/west or north/south patterns and patient flow along the Gulf Coast counties that are heavily populated. Zip Code analysis has been requested for Hillsborough, Orange and Brevard counties to determine if further planning is required for these heavily populated areas. The 4 urban counties that comprise the Central-East Submarket center around the heavily traveled east/west I-4 and north/south I-95 interstate highways. Traffic is a definite barrier in this submarket and the tourist traffic often makes driving difficult or very slow, particularly in Orlando. The demand for access to care is high in this submarket and inpatient care limited to a NHCU at the Veterans Health Center in east Orlando. Contracted inpatient care is the norm for the Brevard County multispecialty clinic and all care is heavily demanded in Brevard County. Tertiary care and complex specialty cases are referred to Tampa but the driving times are long and difficult. The 4 urban counties that comprise the Central-	**None**

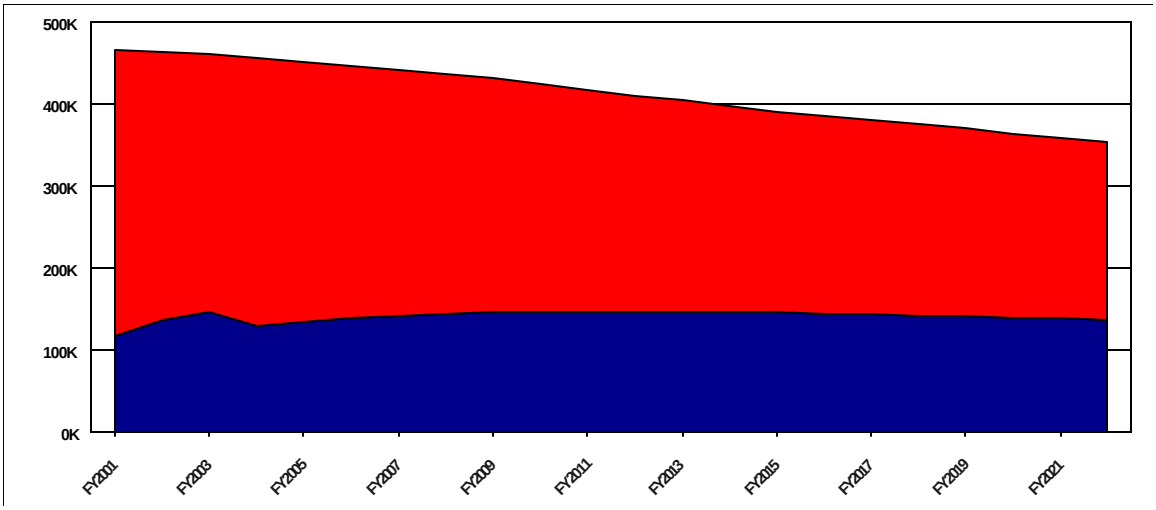
		West Submarket center around the I-275, I-75, and I-4 interstate commuter corridors. Tampa Bay traffic is a barrier from all directions as it is always very busy and during many hours of the day clogged. The demand for care is very high and the Tampa VAMC is busting at the seams. The demand for access to care is very high in this submarket and predicted to remain so in 2010. Tampa has many tertiary care programs and the referral hospital for many patients throughout and outside the VISN. For example the Radiation Therapy and Spinal Cord Injury Units are very busy with referral workload.	

b. Facility List

Tampa				
673 Tampa	✔	✔	✔	-
673BY Orlando	✔	-	-	-
673BZ Port Richey	✔	-	-	-
673GA Viera	✔	-	-	-
673GB Lakeland	✔	-	-	-
673GC Brooksville	✔	-	-	-
673GD Sanford	✔	-	-	-
673GE Kissimmee	✔	-	-	-
673GF Zephyrhills	✔	-	-	-
New East Central Florida	✔	✔	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Central Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care					
	Access to Hospital Care					
	Access to Tertiary Care					
Y	Specialty Care Outpatient Stops	Population Based	328,424	113%	282,120	97%
		Treating Facility Based	308,447	95%	255,837	79%
Y	Primary Care Outpatient Stops	Population Based	222,580	63%	160,787	45%
		Treating Facility Based	193,194	48%	124,198	31%
N	Psychiatry Inpatient Beds	Population Based	32	70%	16	36%
		Treating Facility Based	25	85%	13	43%
N	Medicine Inpatient Beds	Population Based	31	27%	5	4%
		Treating Facility Based	19	14%	-9	-7%
N	Surgery Inpatient Beds	Population Based	-7	-13%	-16	-27%
		Treating Facility Based	-12	-19%	-22	-33%
Y	Mental Health Outpatient Stops	Population Based	94,015	87%	61,984	58%
		Treating Facility Based	88,303	81%	58,175	53%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

The Central Market has devoted considerable effort to ensure appropriate communications with stakeholders. Meetings have been accomplished or are formally scheduled to have presented to Veteran Service Organizations and Congressional Liaisons. This includes separate meetings and presentations held at each of the Central Market facilities (Tampa, Orlando, Viera, Port Richey). In addition, the Public Affairs Officer has followed up with Congressional Liaisons and provided web-based linkages in order for constituents and Congressional Offices to obtain up-to-the-minute CARES information.

A presentation to Union Officials was accomplished on April 1, 2003. Several communiqués to employees at-large were also published. A Town Hall Meeting on CARES was held by the VISN 8 Network Director on April 2, 2003. Timely telephonic and e-mail correspondence kept Affiliate Liaisons informed of CARES developments. Finally, individual letters were written to each Affiliate in the Central Market advising them of potential CARES outcomes and contacts for further information and discussion.

Through these efforts, two areas of particular stakeholder concern appear to have emerged. The first concern is the potential placement of hospital infrastructure in East Central Florida. The Network Director received correspondence from Congressman Keller, who strongly advocated the placement of such a facility in Orlando. We have also been informally advised that Congressman Weldon has scheduled an appointment with the Undersecretary for Health, Dr. Robert Roswell, to advocate placement of such a facility at the Central Market's Viera site in Brevard County. These concerns were timely shared with VISN 8 and VSSC staff to alert them of their potential high-profile interest.

Secondly, several items of correspondence were referred by the State of Florida and Congressional Offices for response regarding recently vacated hospital infrastructure in Pasco County. This is the County in which our Port Richey Outpatient Clinic is placed. Essentially, several constituents advocate the purchase of such infrastructure to be re-activated as a Veterans Hospital presence in Pasco County. Each of these inquiries was formally addressed through correspondence, which indicated that CARES data would more likely support an increased outpatient presence in Pasco County.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Detailed discussions and planning sessions were held with the Gulf Market. Two salient matters emerged for discussion, including gap closure of Inpatient Mental Health access and allocation of surgical workload. In consultation with the CARES Affiliate Liaison, the Gulf and Central Markets agreed that Inpatient Mental Health workload would not be allocated from the Central Market to the Gulf Market. This consensus decision was made in deference to providing appropriate continuum of care practices and preservation of the strong existent affiliation. Nonetheless, it was also agreed that the Central Market would turn to the Gulf Market for assistance should the Central Market capacity be challenged.

The Gulf and Central Markets critiqued respective Market Plans and each was improved in total collaboration and support. The Markets also discussed current DOD initiatives and efforts to collaborate with other Markets. By example, the Central Market also collaborated with the North Market regarding hospital access for the southern part of the North Market in the Central Market's eastern area. During those discussions, the Central Market shared its plans to address its eastern access gap via placement of hospital infrastructure in East Central Florida. The two possibilities were Orlando (then the apparent choice) and Brevard sites. The former showed a 77% access while Brevard was slightly lower. At this writing, no final decision has been made. If a hospital presence is placed in Brevard County, it may assist the North Market and obviate the need for contracted hospital services. The North and Central Markets remain cognizant of these possibilities.

Because of the Central Market's geographical location, it is not contiguous to a VISN-boundary, so there were no inter-VISN collaborative opportunities to pursue.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

CARES identifies the Florida Central Market (CM) as having the largest workload gap and greatest infrastructure need of any single market in the country. The CM has two sub-markets, West Central Florida (WCF), nominally Tampa and East Central Florida (ECF), nominally Orlando.

The first issue to be addressed is the Acute Care access gap in ECF. Exhaustive study indicates Orlando is the logical choice for infrastructure investment for all major Inpatient and Outpatient categories. An Acute Care facility there increases the access ratio from 45% to 88%. There is an existing 24-hour presence in Orlando with the NHCU and Dom. The main building, formerly a Naval Hospital, was originally designed for two additional floors, the Central Energy Plant has expansion capability, and veteran population growth within a 2-hour radius continues unabated.

The CM baseline number of enrollees is 117,244. Enrollees will peak 26% higher, 147,288 in 2012; falling off somewhat, but still remaining 18% above baseline in 2022, at 138,158. Workload growth increases commensurately. Year 2022 Outpt gaps are Specialty Care +255,837 stops (+79%), Primary Care 124,198 (+31%), Mental Health 58,175 (+53%). Inpt Psychiatry shows a need for 13 additional beds (+43%). Inpt Medicine and Surgery fall off somewhat, but workload in other areas (to include Ancillary/ Diagnostic) are so much greater that CARES space algorithms project the need for an additional one million + DGSF at the lower 2022 workload level.

The Preferred Scenario is a combination of new construction and renovation at the 2022 workload level, supplemented by Contracting Out peak workloads above the 2022 level in years 2006 through 2016. The total space constructed or remodeled is equal to workload generated within each respective sub-market. The Alternate Scenario is to Contract Out all workload above the 2001 baseline level. The CARES IBM Model indicates the Preferred Scenario is more cost effective (see charts in Resource Narrative Section).

In either Scenario, renovation at Tampa to protect the current VA investment in infrastructure is fully justified. CARES Facility Condition Assessment (FCA) studies verify the need for substantial improvements ($130M) to resolve current problems, such

as: code compliance, lack of patient privacy, IAQ, asbestos, electrical, lack of fire sprinklers and parking. The total space constructed or remodeled equals the CARES space projection for each respective sub-market in 2022.

The proximity of two Tertiary Care facilities (Tampa & Bay Pines) was carefully assessed. A comprehensive analysis indicates that both Bay Pines and James A. Haley VAMCs should continue as viable independent entities. Irrespective of individual service line analyses, there is an existent and overriding infrastructure impediment to any substantial reassignment of workload. CARES Space & Function Survey (S&FS) data has determined that both facilities are currently sustaining space deficits in the 500,000 square foot range. Accordingly, any substantive reassignment (consolidation, integration) of clinical workload would require a commensurate capital asset investment in infrastructure. Moreover, both VAMCs have large and complex patient populations, which warrant continued existence of the facilities. Finally, the 36-mile distance between the two facilities understates perception. Bay Pines and Tampa are separated by Tampa Bay, over which patients must traverse one of three connecting bridges. This evokes an image of clear and distinct separation between sites. Nonetheless, a fundamental analysis of high profile services was performed and opportunities for further consolidations is ongoing as explained under the Proximity Planning Initiative (PI).

Tampa has a need for further investments in two Special Emphasis programs, SCI and TBI, further explained in their respective Planning Initiative narratives.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

PI #1: Access Gap, Acute Hospital Care
Preferred Option #1 – Build Infrastructure to accommodate the lower 2022 workload level (and Contract Out peak year workload [2006-2016])

The Central East Sub-market (ECF) has greater than 50% of veteran enrollees beyond Acute Care Access criteria (60 miles or 1 hour). The preferred solution is to create additional infrastructure at the 2022 gap level in East Central Florida (ECF). (The Central Market has a current space deficit exceeding 600,000 square feet.) There are two VA owned facilities in ECF – Brevard (also referred to as Viera) and Orlando. An Access Model was run for those two zip codes (32803 for Orlando and 32940 for Brevard). In 2022, Orlando edged out Brevard with an access increase of 80% vs. 77%. Orlando presents other advantages:

- A 24-hour presence, with Nursing Home and Domiciliary facilities, Brevard is solely an Outpatient Clinic.
- A Central Energy Plant, with expansion capability, whereas Brevard has a business occupancy air conditioning system.
- Orlando was formerly a 150-bed Naval Hospital, so the infrastructure could be renovated to re-activate Acute Care support functions. The design allowed for a two-floor vertical expansion.

This documented need for corrective action does not dissipate through time. The Veteran Enrollee gap peaks around 2012 at 147,288, a +26% gap over the 2001 Baseline Level of 117,244. In 2022, the workload still exceeds the 2001 Baseline level at 138,158, a +18% gap. Even with this capital investment, between approximately 2006 and 2016 it will be necessary to contract out expensive Inpatient Care due to lack of VA capacity to handle the workload.

New construction, supplemented by renovation, at the 2022 workload level, is the most resource-efficient option. This is an appropriate expenditure of capital resources to protect the

existing VA capital investment in much needed owned facilities. Market studies indicate a significant portion of that capital investment should be in East Central Florida to better align VA infrastructure with workload.

Not Recommended Option #2 – Contract Out all workload beyond baseline (2001) workload.

CARES data demonstrate it is not cost effective to contract out inpatient workload to the private sector. In this locale VA inpatient Bed Days of Care (BDOC) in-house costs are much less expensive than contract costs ($767.56 versus $1,227.00). A Surgical in-house BDOC is $1,346.54 vs $2,165.00. for Contract Out. A Psychiatry in-house BDOC is $239.68 vs $414.00 for Contract Out.

The Central Market has also fully explored public sector sharing options. Intra-VA, DoD, and VBA Proximity Planning Teams have fully considered potential common resource permutations. Our DoD Proximity Planning Team partners at MacDill AFB in Tampa and Patrick AFB on the Florida East Coast do not have the capacity to handle additional VA inpatient workload; nor do our neighboring VA partners in the Gulf, North, or Atlantic markets. VBA is requesting office space for as many as 50 additional FTEE in the East Central Market; currently that request cannot be honored due to lack of space.

The private sector inpatient bed capability in the Central Florida area is currently at capacity, and beyond capacity in the winter snowbird months. It is virtually impossible to find a contract inpatient psychiatry bed in the Central Market. Under the "Contract Out" scenario the private sector would be forced to construct additional capacity as it is further inundated by increases in VA referral workload. This would necessarily increase per BDOC contract costs.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**84%**	14,382	**88%**	10,787	**88%**	10,787
Hospital Care	**45%**	49,438	**78%**	19,775	**78%**	19,775
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time

	Rural Counties – 90 minutes drive time Highly Rural Counties – 120 minutes drive time
Tertiary Care:	Urban & Rural Counties – 4 hours Highly Rural Counties – within VISN

3. Facility Level Information – East Central Florida

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The Central East submarket has greater than 50% of its population beyond tertiary care and acute care access criteria. This issue is addressed under the PI for acute hospital access for the Central Market.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	-	-	-	-	-	-	-	-	-	-	-	**$** -
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	-	-	-	-	-	-	-	-	-	$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	-	-	-	-	-	-	-	-	-	-	-	**$** -

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	-	-	-	-	-	-	-	-	-	-
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-

4. Facility Level Information – Tampa

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

An assessment of the current environment shows that both Bay Pines and the James A. Haley Veterans' Medical Centers should continue as viable independent entities. Irrespective of individual service line analyses, there is an existent and overriding infrastructure impediment to any substantial reassignment of workload. The CARES Step 2, Facility Condition Assessment has determined that both facilities are currently sustaining space deficits in the 500,000 square foot range. Accordingly, any substantive reassignment (consolidation, integration) of clinical workload would require a commensurate capital asset investment in infrastructure. Moreover, from a global perspective both Medical Centers have large and complex patient populations which warrant continued existence of the facilities. Finally, the 36 mile distance between the two facilities understates perception. Bay Pines and the James A. Haley Veterans' Hospitals are separated by Tampa Bay, over which patients must traverse one of three connecting bridges. This evokes an image of clear and distinct separation between sites. Nonetheless, a fundamental analysis of high profile services was performed:

Ø Invasive Cardiology. Workload at both stations is substantial and growing, as Bay Pines is currently installing a Cath Lab, while Tampa is installing its second Cath Lab.

Ø Hemodialysis. This was studied by a VISN Task Force. Its key findings were that no savings could be realized by contracting out these services. Moreover, Tampa must maintain an acute care presence for hemodialysis services, therefore the infrastructure is designed to perform the function. Adding chronic dialysis services is straightforward and cost effective.

- Ø Joint Replacement. Bay Pines currently does not provide these services.
- Ø Vascular Surgery. Both stations are providing these services with ample workload to respectively justify.
- Ø Neurosurgery. Only Tampa provides these services.
- Ø Interventional Radiology. Only Tampa provides these services.
- Ø Transplant Programs. Neither station provides these services.

Potential Administrative Services consolidation has also been evaluated by VISN and VACO sanctioned Task Forces.

- Ø Food and Nutrition Service. A full study was performed on the feasibility of integrating Food and Nutrition Services, but proved inviable.
- Ø Facilities Management. VISN 8 performed a comprehensive and total review for integrative possibilities between and among all Facilities Management Services. Over 25 specific initiatives were selected from among 60 possibilities for further development. Each of these is targeted to improve services and reduce costs.

There are no outcomes in any of the 11 current environment assessment factors which support closure or consolidation. Even the fine points, such as the percentage of enrollees who currently go to both facilities, does not yield such data. For example, only seven inpatient beds traverse to Bay Pines from Tampa, and 14.7 beds in reverse. This is miniscule in relation to the huge aggregate workload of these facilities.

The CARES-identified severe and acute (as well as projected) shortage of space at both facilities is most salient. This is a serious matter which has been previously identified and remains as a key element in both the Capital Asset Plan and CARES-generated infrastructure projects (see Facility Condition Assessment). In addition, the James A. Haley Veterans' Hospital in Tampa sustains a chronic parking shortage. Simply put, the infrastructures of both facilities will require significant and swift capital investments in order to entertain any future possibilities of meaningful transfer of workload between the two. For all these reasons, the proximity planning initiative analysis indicates that both facilities should remain as viable independent entities.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

DOD: Participated in collaborative discussions with Colonel O'Shea of MacDill AFB. An effort was made to jointly pursue an outpatient presence in Tampa's Carrollwood neighborhood. The James A. Haley Veterans' Hospital in Tampa has a CARES-identified immediate need for additional Primary and Specialty Care space. We jointly sought space through a lease initiative, which at this writing is quite problematic from logistical and financial perspectives. While we have not given up pursuit of a successful venture, nothing substantive has thus far resulted.

In addition, contact was made with the Pentagon regarding the possibility of placing a Community Based Outpatient Clinic in the City of Tampa's southern-most area within the planned MacDill AFB Hospital replacement scheduled for FY 2006. After appropriate consultation with the Air Force representative at the Pentagon, we determined that the restricted access to the base would render it impractical for Veterans to gain access to the site. Accordingly, pursuit of a CBOC within the new structure was abandoned.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VBA: The Central Market has had multiple conversations with VBA Representatives, who have expressed a strong interest in sharing space at a proposed hospital presence in East Central Florida (see Planning Initiative #1). VBA anticipates significant growth within Central Market boundaries. Their VSC in Orlando currently has 10 employees in private leased space, and plans to expands to 30 employees and co-locate at a non-military facility in or close to the existent VA Healthcare Center in Orlando, or at the Central Market's Brevard presence in Viera. In addition, VR&E currently has 11 employees in private leased space, and plans to expand to 15 employees to be co-located at the VA Healthcare Center in Orlando or at the VA Outpatient Clinic in Viera. In summary, VBA has space needs for some 45 employees in East Central Florida. VA is positioned to take advantage of this collaborative opportunity, but only if a sufficient presence is established in East Central Florida. (There is no existing space availability, but rather significant space deficits at all three owned Central Market sites.)

VBA Comment - Central Market

- VSC in Orlando has 10 employees in private lease space and plans to expand to 30 and collocate at non-military facility in or close to a VA clinic or hospital in Orlando or East Brevard.

- VR&E has 11 employees in private lease space and plans to expand to 15 and collocate at the VA clinic or hospital in Orlando or East Brevard.

- Net: VBA plans space for 45 in VA clinic.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

NCA: The Central Market participated in VISN-level collaborations with NCA, but there is no excess land at any of the Central Market sites to allow for further development.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The Central East submarket has greater than 50% of its population beyond tertiary care and acute care access criteria. This issue is addressed under the PI for acute hospital access for the Central Market.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	47,120	5,806	47,120	5,806	11,500	-	-	-	-	-	35,620	$ (38,670,512)
Surgery	17,061	(3,879)	15,803	(5,137)	990	-	-	-	-	-	14,813	$ 33,358,621
Intermediate/NHCU	207,479	-	207,479	-	122,413	-	-	-	-	-	85,066	$ -
Psychiatry	17,115	7,885	17,116	7,886	1,721	-	-	-	-	-	15,395	$ (12,298,819)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	5,546	-	9,746	4,200	-	-	-	-	-	-	9,746	$ (2,396,636)
Spinal Cord Injury	14,000	-	14,000	-	-	-	-	-	-	-	14,000	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**308,321**	**9,812**	**311,264**	**12,755**	**136,624**	-	-	-	-	-	**174,640**	**$ (20,007,346)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	593,346	193,193	593,346	193,193	11,867	-	-	-	-	-	581,479	$ (15,200,825)
Specialty Care	632,877	308,448	632,877	308,448	31,644	-	-	-	-	-	601,233	$ (77,880,139)
Mental Health	197,206	88,303	197,206	88,303	3,945	-	-	-	-	-	193,261	$ (20,632,498)
Ancillary & Diagnostics	787,158	342,773	787,159	342,773	15,744	-	-	-	-	-	771,415	$ (95,424,584)
Total	**2,210,587**	**932,717**	**2,210,588**	**932,718**	**63,200**	-	-	-	-	-	**2,147,388**	**$ (209,138,046)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	84,288	23,041	74,090	12,843	61,247	-	7,580	-	-	-	68,827	(5,263)
Surgery	26,238	2,920	25,034	1,716	23,318	-	8,024	-	-	-	31,342	6,308
Intermediate Care/NHCU	95,852	-	95,852	-	95,852	-	-	-	-	-	95,852	-
Psychiatry	37,587	21,064	37,564	21,041	16,523	-	12,338	-	-	-	28,861	(8,703)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	18,806	-	18,806	-	18,806	-	-	-	-	-	18,806	-
Spinal Cord Injury	-	(76,480)	76,480	-	76,480	-	-	-	-	-	76,480	-
Blind Rehab	76,480	76,480	-	-	-	-	-	-	-	-	-	-
Total	**339,251**	**47,025**	**327,826**	**35,600**	**292,226**	**-**	**27,942**	**-**	**-**	**-**	**320,168**	**(7,658)**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	290,740	184,455	290,740	184,455	106,285	-	150,647	-	-	-	256,932	(33,808)
Specialty Care	661,356	483,295	661,356	483,295	178,061	-	428,317	-	-	-	606,378	(54,978)
Mental Health	160,407	100,917	160,407	100,917	59,490	5,409	70,991	-	-	-	135,890	(24,517)
Ancillary and Diagnostics	493,706	379,609	493,706	379,609	114,097	-	369,429	-	-	-	483,526	(10,180)
Total	**1,606,209**	**1,148,276**	**1,606,209**	**1,148,276**	**457,933**	**5,409**	**1,019,384**	**-**	**-**	**-**	**1,482,726**	**(123,483)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	57,003	-	29,608	(27,395)	57,003	-	-	-	-	-	57,003	27,395
Administrative	680,838	409,415	667,639	396,216	271,423	-	150,000	-	-	-	421,423	(246,216)
Other	51,013	-	51,013	-	51,013	-	-	-	-	-	51,013	-
Total	**788,854**	**409,415**	**748,260**	**368,821**	**379,439**	**-**	**150,000**	**-**	**-**	**-**	**529,439**	**(218,821)**

C. Gulf Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Gulf **Code: 8a**	11 Counties in Florida 2 sub-markets: 8a-1 North 8a-2 South	This market area was considered for the established care patterns within the Bay Pines VAMC PSA including a major medical center located in the far north end of the market and all southern counties except Monroe County on the tip of Florida. The natural barriers of interior Florida combined with the north/south travel patterns on I-275 and I-75, parallel the CBOC location north/south patterns and patient flow along the Gulf Coast counties that are heavily populated. Zip Code analysis has been requested for Lee County to determine if further planning is required for this heavily populated area. The 3 urban counties that comprise the Gulf-North Submarket center around the I-275 and I-75 commuter corridor around the west and south side of Tampa Bay. The Sunshine Skyway Bridge connects Pinellas and Manatee Counties. The bridge is more of a barrier and challenge to the Gulf-South Submarket enrollees seeking tertiary care at the Bay Pines VAMC. The demand for access to care is high in this submarket. The Gulf-South Submarket includes more rural counties to the east of the I-75 corridor but also includes very heavily populated counties along the Gulf coast. Inpatient care and specialty care is provided by the Bay Pines VAMC 1-3 hours north on a fast moving, crowded interstate, or at a multispecialty outpatient clinic located in Lee County. There is a definite gap in demand and supply for veterans accessing primary care, specialty and acute inpatient care. A new Florida Department of Veterans Affairs NHCU is currently under construction to meet the demand for long-term care services in Charlotte	**None**

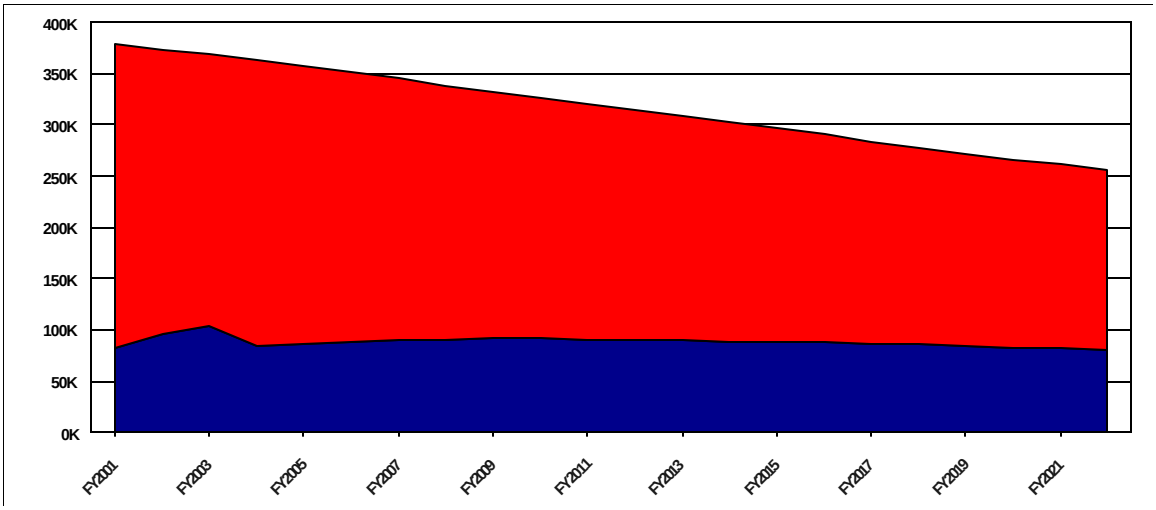
		County. The demand for care is very high and the supply restricted	

b. Facility List

Facility	Primary	Hospital	Tertiary	Other
Bay Pines				
516 Bay Pines	✔	✔	✔	-
516BZ Ft. Myers	✔	-	-	-
516GA Sarasota	✔	-	-	-
516GB S St Petersburg	✔	-	-	-
516GC Clearwater	✔	-	-	-
516GD Manatee	✔	-	-	-
516GE Port Charlotte/Charlotte County	✔	-	-	-
516GF Naples/Collier County	✔	-	-	-
516GH Avon Park	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Gulf Market			**Februrary 2003 (New)**			
Market PI	**Category**	**Type Of Gap**	**FY2012 Gap**	**FY2012 %Gap**	**FY2022 Gap**	**FY2022 %Gap**
	Access to Primary Care					
	Access to Hospital Care					
	Access to Tertiary Care					
Y	Specialty Care Outpatient Stops	Population Based	**188,466**	**103%**	**142,077**	**78%**
		Treating Facility Based	**201,685**	**114%**	**155,790**	**88%**
Y	Primary Care Outpatient Stops	Population Based	**87,641**	**35%**	**35,948**	14%
		Treating Facility Based	**80,036**	**31%**	**28,942**	11%
N	Psychiatry Inpatient Beds	Population Based	13	**26%**	1	3%
		Treating Facility Based	14	**29%**	3	6%
Y	Medicine Inpatient Beds	Population Based	-9	-9%	**-30**	**-28%**
		Treating Facility Based	-7	-7%	**-28**	**-26%**
N	Surgery Inpatient Beds	Population Based	-12	**-26%**	-19	**-42%**
		Treating Facility Based	-11	**-28%**	-17	**-43%**
N	Mental Health Outpatient Stops	Population Based	**43,483**	**52%**	**18,125**	21%
		Treating Facility Based	**47,655**	**53%**	**22,603**	**25%**

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

One of the most common issues brought up by stakeholders is providing care in Lee County, Florida to Veterans. The Gulf Market has decided to address the Veterans concerns by expanding services in the Lee County area.

CARES information has been provided to numerous stakeholders, VSOs, unions, and House of Representative members such as The Honorable C.W. Bill Young Member, United States House of Representative, The Honorable Porter Goss Member, United States House of Representatives Ft. Myers, Fl., The Honorable Katherine Harris Member, United States House of Representatives, The Honorable Mark Foley Member, United States House of Representatives, The Honorable Michael Bilirakis Member, United States House of Representatives.

VISN 8 and the Gulf Market have continuously reached out to the stakeholders through media, email, mailings, newspaper articles, town hall meetings, and other one-on-one sessions to increase communication with the stakeholders. Several news letters and other communiqués to employees at-large were published. The VISN 8 Network Director held a Town Hall Meeting on CARES. Timely telephonic and e-mail correspondence kept Affiliate Liaisons informed of CARES developments. Finally, individual letters were written to each Affiliate in the Central Market advising them of potential CARES outcomes and contacts for further information and discussion.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Detailed discussions and planning sessions were held with the Central Market. Two salient matters emerged for discussion, including gap closure of Inpatient Mental Health access and allocation of surgical workload. In consultation with the CARES Affiliate Liaison, the Gulf and Central Markets agreed that Inpatient Mental Health workload would not be allocated from the Central Market to the Gulf Market. This consensus decision was made in deference to providing appropriate continuum of care practices and preservation of the strong existent affiliation. Nonetheless, it was also agreed that the Central Market would turn to the Gulf Market for assistance should the Central Market capacity be challenged.

The Gulf and Central Markets critiqued respective Market Plans and each was improved in total collaboration and support. The Markets also discussed current DOD initiatives and efforts to collaborate with other Markets.

Because of the Gulf Market's geographical location, it is not contiguous to a VISN-boundary, so there were no inter-VISN collaborative opportunities to pursue.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Gulf Market will improve access to Hospital Care by contracting with local private healthcare facilities to provide hospitalization capability AND construct large VA-owned Ambulatory Surgery Center/Outpatient and Diagnostic Facility for outpatient primary and specialty care to coincide with expiration of current Fort Myers OPC lease. Lease additional space for primary care and specialty care capacity gaps by FY 2012 within the local communities, or expand existing leased CBOC space.

Increase capacity in Specialty Care to meet identified gaps in 2012 and 2022 by renovating any space freed by decrease in inpatient beds on Bay Pines campus PLUS construct facility to meet the need for 155,790 stops (172,637 additional square feet) by FY 2022 and contract/fee out the 45,895 additional stops needed in FY 2012. New outpatient specialty care and diagnostic facility in Lee County shall have 100,000 stops capacity (140,000 Sq. Ft.) to meet current and future workload demands for specialty care. Also, expansion of telehealth capabilities for specialty care access in CBOCs and OPC, planning for telehealth equipment space in any new or existing facility planning.

Improve access to Primary Care by expanding primary care capacity in county CBOCs and Lee County OPC facilities.

Increase capacity in Inpatient Medicine to meet identified gaps in 2012 and 2022 by renovating Bldg 100 at Bay Pines Medical Center for consolidation of inpatient services will decrease inpatient bed capacity at Bay Pines by approximately 6 beds in 2012 and last ward to be renovated can be made into psychiatry inpatient beds instead of medicine beds to meet both gaps. Additional opportunities exist with contracting for beds in Lee County by 2012 and 2022.

Increase capacity in Inpatient Surgery by contracting for surgical beds in Gulf South Submarket (Lee County) to bring inpatient surgical bed capacity there, and decrease the need for surgical beds in the Gulf North Submarket. Use freed space for the Ambulatory Surgery Unit or "swing beds" for extended anesthesia post-op recovery. Additional renovations will decrease overall bed capacity but provide for Inpatient Surgical beds for Cardiothoracic Surgery Program. This will shift contract workload back in-house to save contract/fee-basis dollars.

Increase capacity in Inpatient Psychiatry by renovating medicine and surgery inpatient beds. A collaboration with Central Market to shift their excess psychiatry workload to Bay Pines while continuing to plan with the VBA and NCA.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

The Gulf South Submarket does not meet access to hospital care criteria for all enrollees within the market. The baseline access data indicate that 54.5% of veteran enrollees are within acute hospital care criteria.

Two major alternatives were considered that would resolve this access gap:

Scenario 1. Calculations for BDOC for the patient enrollees in the counties within the Gulf South Submarket indicated that a hospital facility of 27 medicine beds, 10 surgery beds, and 15 psychiatry beds would be needed by the year FY 22, which equals a hospital facility of 52 beds. At the peak workload years around FY 10-12, a total of 62 inpatient beds are needed. If the construction included the associated outpatient clinics and ancillary diagnostic services, this would be a facility of approximately 500,000 sq. ft. A benefit to this plan could be the co-location of a VBA Mini-Regional Office and a national cemetery, which will be needed when Bay Pines Cemetery reaches maximum in the year 2016.

Scenario 2. Since the above scenario does not indicate a hospital of sufficient size to warrant a major hospital construction project, this alternative consists of contracting for inpatient hospital services with local private healthcare facilities to meet the hospital access gap. However, since the Gulf South Submarket continues to grow in workload and the need for outpatient primary care, outpatient specialty care, outpatient mental health care, and ancillary diagnostic services, this scenario includes the construction of a large Ambulatory Surgery and Diagnostic facility. Timing of this construction should coincide with the expiration of the current Fort Myers OPC lease in the year FY 2012. Initial contacts with hospitals in the Gulf South Submarket were positive – facilities are willing to work with VA on contract beds as they anticipate a decreasing workload for inpatient beds over the future years as well.

The preferred alternative is listed here as Scenario 2, contracting for hospital care in the Gulf South Submarket. Contracting for acute hospital care will bring the acute hospital care gap to 95% or greater. It may be noted, however, that market does exist for acute medicine and

surgical beds in the Gulf South, but acute psychiatric beds are limited. Patients requiring inpatient psychiatry will still go to the Bay Pines hospital campus.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**84%**	730,683	**84%**	9,049	**83%**	9,444
Hospital Care	**84%**	730,683	**84%**	9,049	**84%**	8,889
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Bay Pines

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

The Gulf and Central Markets have met several times to collaboratively prepare their respective Market Plans. Most recently, contacts have been made between the Chiefs of Staff and Executive Leadership Offices of the organizations. Two salient matters emerged for discussion. These are:

- Gap closure of inpatient mental health access, and
- Allocation of surgical workload.

The Chiefs of Staff agreed in principle that a transfer of all inpatient mental health care to Bay Pines from the James A. Haley Veterans' Hospital was infeasible because it would severely damage the affiliate relations and teaching program. Moreover, as affiliate liaison Dr. Peter Fabri suggests, the continuum of care practices would also be compromised. Accordingly, it was agreed that this initiative would not be pursued further. Drs. Bowen and Mohanty also agreed that the surgical caseload at Bay Pines may be underestimated especially in consideration that a pending open heart surgery program is not factored into the estimates.
Therefore, the following conclusions were reached:

Ø The Gulf Market will be named as a resource in "contracting out" scenarios for the Central Market. For example, rather than contract out inpatient psychiatry beds en toto, the Gulf Market could be used as a resource to handle overflow, as it anticipates having the capacity to do so. This principle was applied consistently in the revamping of the entire Central Market Plan.

Ø The Gulf Market took note of the Central Market's thematic scenario used throughout its Market Plan. That is, the infrastructure creation to the out-year 2022 workload with the inclusion of contracting out during the 2012 peak. This scenario, while generally not submitted as the preferred option, introduces at least some flexibility while minimizing total reliance upon costly contracting options for inpatient care.

The individual Markets cross-concurred on each other's proposed submittals and agreed to make the suggested edits to reflect the fruitful discussion that took place today.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

We are not building a hospital. We are building a large outpatient ambulatory surgery center in Fort Myers that will address the large access gap that we currently have for the veterans that live in the Gulf South Submarket. We decided not to build a facility because it was proposed to have the capability for 52 beds; therefore, it was our decision to contract out the inpatient work in the Gulf South Submarket.

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

DoD – There is a DoD Hospital at MacDill AFB in Tampa, FL, within the Central Market. That hospital is within 30 miles of Bay Pines VAMC. Therefore, the, opportunity exists to collaborate with DoD through contracting with them to take on excess ancillary or diagnostic services workload (e.g. audiology, diagnostic imaging services, etc.), or primary care workload at the proposed central Pinellas County (the county in which Bay Pines VAMC is located) outpatient clinic facility. The MacDill AFB Hospital commander is willing to work with BPVAMC to develop plans as their hospital and clinic plans are developed.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VBA – There is an active VBA presence on the Bay Pines VAMC campus, and that relationship is very likely to continue and become even stronger. There are already shared programs to teach leadership skills, a shared VA police force and other collaborative agreements. For the Gulf South Submarket, space in the Fort Myers VA OPC has been provided for a VBA employee, and their presence could be expanded if there were available space in the replacement clinic after the current FM OPC lease expires.

VBA Comment - Gulf Market

No change – continue to collocate, collaborate and assess population needs.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

NCA – There is a cemetery on the Bay Pines VAMC campus. It is anticipated that it will be completely full by 2016, so NCA would like to collaborate on a cemetery with any proposed construction in the Sarasota or Fort Myers area (reference Lisa Ciolek).

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

EU – Bay Pines was at the top of the 2nd list of proposed enhanced use opportunities. The campus already has an Office of Information Field Office, and the VISN 8 Network office resides on the campus. As inpatient beds are decreased to address the negative gap scenarios, there may be some vacant space for EU – although the outpatient primary care and specialty care gaps are still large and those must be addressed as well.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The Gulf South submarket has greater than 50% of its population beyond tertiary care and acute care access criteria. This issue is addressed under the PI for acute hospital access for the Gulf Market.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	31,127	(2,272)	31,128	(2,271)	8,000	-	-	-	-	-	23,128	$ (24,572,633)
Surgery	8,597	(3,285)	9,857	(2,025)	592	-	-	-	-	-	9,265	$ (34,742,520)
Intermediate/NHCU	148,662	-	148,662	-	104,064	-	-	-	-	-	44,598	$ -
Psychiatry	19,881	4,422	19,882	4,423	199	-	-	-	-	-	19,683	$ (779,971)
PRRTP	3,782	-	3,782	-	-	-	-	-	-	-	3,782	$ -
Domiciliary	40,841	-	36,641	(4,200)	-	-	-	-	-	-	36,641	$ 11,930,278
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**252,890**	**(1,135)**	**249,952**	**(4,073)**	**112,855**	**-**	**-**	**-**	**-**	**-**	**137,097**	**$ (48,164,846)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	338,670	80,036	338,670	80,036	6,774	10,000	-	-	-	-	321,896	$ (12,351,458)
Specialty Care	378,539	201,684	378,539	201,684	105,000	-	-	-	-	-	273,539	$ 28,435,009
Mental Health	136,937	47,657	136,938	47,657	6,847	-	-	-	-	-	130,091	$ (15,160,964)
Ancillary & Diagnostics	420,795	191,280	420,795	191,280	120,000	-	-	-	-	-	300,795	$ (77,479,210)
Total	**1,274,941**	**520,657**	**1,274,942**	**520,658**	**238,621**	**10,000**	**-**	**-**	**-**	**-**	**1,026,321**	**$ (76,556,623)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	58,919	15,251	48,106	4,438	43,668	-	-	-	-	-	43,668	(4,438)
Surgery	14,546	(2,119)	16,677	12	16,665	-	-	-	-	-	16,665	(12)
Intermediate Care/NHCU	59,045	-	59,044	(1)	59,045	-	-	-	-	-	59,045	1
Psychiatry	31,887	5,387	31,886	5,386	26,500	-	-	-	-	-	26,500	(5,386)
PRRTP	9,476	-	9,476	-	9,476	-	-	-	-	-	9,476	-
Domiciliary program	42,796	-	38,395	(4,401)	42,796	-	-	-	-	-	42,796	4,401
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**216,669**	**18,519**	**203,584**	**5,434**	**198,150**	**-**	**-**	**-**	**-**	**-**	**198,150**	**(5,434)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	165,948	121,141	160,948	116,141	44,807	-	-	-	80,000	-	124,807	(36,141)
Specialty Care	390,766	269,385	303,628	182,247	121,381	-	150,000	-	-	-	271,381	(32,247)
Mental Health	107,976	65,929	107,976	65,929	42,047	-	-	-	44,000	-	86,047	(21,929)
Ancillary and Diagnostics	255,843	188,454	192,509	125,120	67,389	-	140,000	-	-	-	207,389	14,880
Total	**920,533**	**644,909**	**765,061**	**489,437**	**275,624**	**-**	**290,000**	**-**	**124,000**	**-**	**689,624**	**(75,437)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	17,672	-	14,711	(2,961)	17,672	-	10,000	-	-	-	27,672	12,961
Administrative	669,827	385,133	570,346	285,652	284,694	-	-	-	2,000	-	286,694	(283,652)
Other	33,022	-	33,022	-	33,022	-	-	-	-	-	33,022	-
Total	**720,521**	**385,133**	**618,079**	**282,691**	**335,388**	**-**	**10,000**	**-**	**2,000**	**-**	**347,388**	**(270,691)**

D. North Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
North **Code: 8c**	**52 Counties** Includes counties of North Florida/South Georgia PSA 2 sub-markets: 8c-1 East 8c-2 West	This 52 county market area is easily the largest VISN 8 market in square miles. It is comprised of the NF/SG PSA counties and was developed to include the more heavily populated counties of the Atlantic coastal areas and immediate interior counties in Florida and Georgia, the heavily populated counties of north central Florida, and the more rural counties of the eastern half of the panhandle area of Florida and south Georgia. Zip Code analysis has been requested for Volusia and Flagler Counties to determine if further planning is required for these heavily populated areas The North-East Submarket is a mix of heavily populated urban counties, surrounded by very rural counties. The transportation and demographic patterns are parallel to the 3 interstate highways and major state highways that crisscross the area. I-95 runs north and south along the Atlantic coast, I-75 runs north and south in the center of the state past a major medical center, and I-10 runs east and west intersecting the north/south interstates and state highways. Enrollees access tertiary care from the Gainesville VAMC and a multispecialty outpatient clinic is located in Duval County. The CBOCs are well positioned in the higher populated areas to serve a projected 89% of enrollees in 2010. The North-West Submarket is comprised of the least populated rural counties of Florida and Georgia in the eastern half of the Florida Panhandle and southern Georgia. The main transportation routes are I-75 and I-10 that form a cross in the near middle of the submarket area. Leon County is the only densely populated county and the location of a multispecialty outpatient	VISN 8, 7, and 16 have agreed to collaborate on a planning initiative to improve inpatient and specialty care access for the common enrollees of the greater panhandle markets.

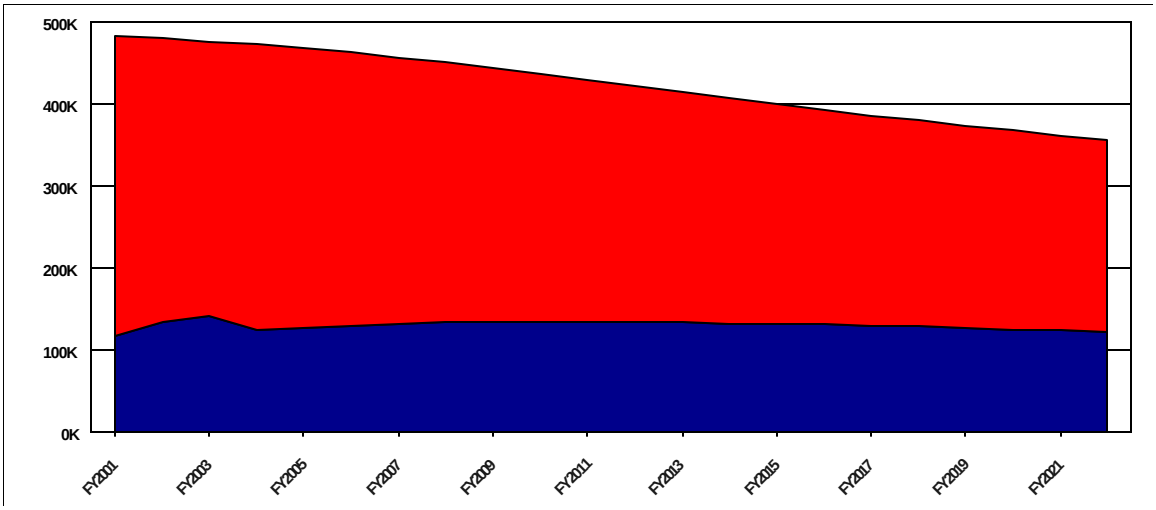
		clinic. Inpatient care is provided by the Lake City Hospital in rural Columbia County, tertiary care is referred to the Gainesville VAMC, and fee care is heavily depended on in the more western counties of this area. The North-West Submarket abuts VISN 7 to the north and VISN 16 to the west. This is an area of population growth and enrollee market share increases are projected for 2010 in the three Network markets. <u>Shared Market planning initiative</u>: The adjoining areas have DoD or private hospitals with long travel distances to Lake City, FL, or Biloxi, MS. VISN 8, 7, and 16 have agreed to collaborate on a planning initiative to improve inpatient and specialty care access for the common enrollees of the greater panhandle markets.	

b. Facility List

Facility	Primary	Hospital	Tertiary	Other
Gainesville				
573 North Florida/South Georgia HCS-Gainesville	✔	✔	✔	-
573BY Jacksonville	✔	-	-	-
573BZ Daytona Beach	✔	-	-	-
573GD Ocala	✔	-	-	-
573GE St. Augustine	✔	-	-	-
573GG Inverness (Citrus County)	✔	-	-	-
573GH Leesburg (Lake County)	✔	-	-	-
Lake City				
573A4 North Florida/South Georgia HCS-Lake City	✔	✔	-	-
573GA Valdosta	✔	-	-	-
573GF Tallahassee	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
North Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care					
	Access to Hospital Care					
	Access to Tertiary Care					
Y	Specialty Care Outpatient Stops	Population Based	263,405	110%	217,477	91%
		Treating Facility Based	262,370	115%	219,705	96%
Y	Primary Care Outpatient Stops	Population Based	131,170	42%	73,493	24%
		Treating Facility Based	122,046	39%	66,489	22%
Y	Psychiatry Inpatient Beds	Population Based	40	75%	23	43%
		Treating Facility Based	44	95%	27	59%
N	Medicine Inpatient Beds	Population Based	23	19%	-4	-3%
		Treating Facility Based	23	20%	-2	-2%
N	Surgery Inpatient Beds	Population Based	-15	-23%	-24	-37%
		Treating Facility Based	-12	-19%	-21	-33%
Y	Mental Health Outpatient Stops	Population Based	70,764	65%	41,364	38%
		Treating Facility Based	70,409	70%	43,286	43%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

The North Market has been communicating with stakeholders about CARES. Input from stakeholders is encouraged. Communications to stakeholders include:

- VAVS Meeting
- Veteran Service Officer Meeting
- Town Hall Meetings (Gainesville VAMC)
- Town Hall Meetings (Lake City VAMC)
- Dean's Committee
- Individual Meeting with Dean, UF College of Medicine
- Professional Council
- Discussions with individual Congressional offices
- Congressional Forum (set for April 16th)

The North Market received very positive feedback about their presentation to stakeholders and was asked to share it with the entire VISN.

The Public Affairs Office routinely documents communication about CARES. This information is shared with both the VISN and the national CARES office.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

VISN 7 collaborations were discussed with Paul Bockelman, Health System Specialist, Atlanta. They are planning a CBOC in Brunswick, GA for FY08 to address a primary care access PI for their market. Our CBOC is planned in St. Mary's, GA for FY05. St. Mary's is about an hour from Brunswick. Conclusion: CBOCs planned for both VISN 7 and VISN 8's North Market are needed and will go forward for inclusion in the overall plans.

VISN 16 collaborations were discussed with Kathleen Fogarty, Associate Director, Oklahoma City. They discussed their exploration of opportunities for care for their Southeast submarket by purchasing care from Eglin AFB, Tyndall AFB, Pensacola Naval Air Station, or community-based care in Panama City. Their plans will still be outside the CARES requirements for travel time for veterans in the North Market counties for VISN 8. Conclusion: There is no conflict with any of the planning initiatives between VISN 16 and VISN 8's North Market. Our plans are complimentary and we will both proceed.

Collaborations with Central Market within VISN 8 centered on discussion of hospital access. The Central Market is planning increased hospital access in Orlando, but this is planned for the west side of Orlando and would be outside the 60 minute drive time requirement for our population's needs, so we plan to contract for care in Volusia County (Halifax in Daytona Beach) to meet our hospital care access gap.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

1. To address our PIs for less surgery beds, more psychiatry beds, and more medicine beds (and for our non-PI to alleviate patient privacy and life safety code issues):

- Plan for 135,000 square foot bed tower in Gainesville (current plan shows 238 beds – 120 med, 60 surg and 58 psych)
- Minor construction projects in Lake City to renovate wards
- For excess demand, contract with Shands at UF, Halifax (Daytona), and joint venture with DoD (Jacksonville).

2. To address our PI for increased access to hospital care to bring us to the goal of 65% enrollees within 60 minutes of inpatient hospital care (we are now at 35%):

- Duval county has the most enrollees and only 5.8% are within the access standard, so contract with the Naval Hospital (DoD) which brings us to 60%
- Volusia county is a close second and 0% are within the access standard, so contract with Halifax to bring us to 67%

3. To address our PIs for increased access to primary care and for more primary care outpatient stops to bring us to the goal of 70% enrollees within 30 minutes of primary care (we are now at 66%):

- New CBOCs in Jackson county, Camden county (GA), and Putnam county (all are at 0% meeting the access standard)
- New multi-specialty OPC in south Marion county (hopefully to encompass Leesburg CBOC and Ocala CBOC), with roughly 65,000 SF, visits in the 80,000 to 100,000 range, and 100 FTE
- Some contracting with Shands at UF will be necessary in the early years until demand drops off

4. To address our PIs for more specialty care and mental health outpatient stops:

- New multi-specialty OPC in south Marion county (hopefully to encompass Leesburg CBOC and Ocala CBOC)
- Bed tower in Gainesville will free up 52,000 square feet of current space to be used for specialty care clinic space

- For excess demand, contract with Shands at UF

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

ACCESS: Hospital Care
The access gaps for hospital care within the North Market are primarily along the east coast of Florida. To address our PI for increased access to hospital care to bring us to the goal of 65% enrollees within 60 minutes of inpatient hospital care (we are now at 35%) our preferred alternative is:
-Duval county has the most enrollees and only 5.8% are within the access standard, so contract with the Naval Hospital (DoD) which brings us to 60%
-Volusia county is a close second and 0% are within the access standard, so contract with Halifax to bring us to 67%
Assuming 50% of the JAX market will be contracted with DoD (and the remaining 50% will continue to come to Gainesville or Lake City), this accounts for 956 surgical BDOC and 1530 medical BDOC. Following the same assumption for the Daytona Beach market, this accounts for 480 surgical BDOC and 726 medical BDOC.

ACCESS: Primary Care
The preferred alternative to address our PIs for increased access to primary care and for more primary care outpatient stops to bring us to the goal of 70% enrollees within 30 minutes of primary care (we are now at 66%)is:
-New CBOCs in Jackson county (FL) in FY04, Camden county(GA)in FY05, and Putnam county (FL) in FY06 (all are at 0% meeting the access standard)
-Construct a new multi-specialty OPC in south Marion county in FY06. Existing CBOC workload in Ocala and Leesburg may be encompassed by this larger OPC. This OPC would be roughly 65,000 square feet, handle 80,000 to 100,000 visits per year, and be staffed with 100 FTEE.
-Some contracting with Shands at UF will be necessary in the early years until demand drops off

All three CBOCs and the OPC are required to meet the access standard of 70% of enrollees within 30 minutes of primary care. Without changing anything we are at 66%, Marianna will bring us to 67%, St. Mary's brings us to 68%, Palatka to 69% and Summerfield to 73%.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**61%**	22,056	**71%**	16,401	**73%**	15,270
Hospital Care	**35%**	36,761	**67%**	18,663	**67%**	18,663
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Gainesville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

DoD: Participated in collaborative discussions with Clay Beneke of DoD/Tricare in DC. Our first choice is to work with DoD (preferred option to correct hospital access gap is to contract with Naval Hospital JAX). They will keep us in mind in their planning. Conclusion: No conflicts on planning initiatives.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VBA: VBA and JAX OPC are exploring mini RO operations. (Staff: 10 voc rehab and 25 benefits). New site for JAX clinic has space planned for small VBA office. If we need to expand to 25 FTEE, we'll need to lease space in the tower across street.

VBA Comment - North Market

- VSC in Jacksonville has 7 employees at the military bases in their Benefits Delivery on Discharge program, and plans to expand to 25 and collocate at non-military facility in or close to a VA clinic.
- VR&E has 9 employees in private lease space and plans to expand to 14 and collocate at the VA clinic and include one employee in Loan Guaranty program, total of 15.
- Net: VBA plans space for 40 in VA clinic.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

NCA: Participated in VISN-level collaborations with NCA. There is no excess land at either Gainesville or Lake City.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The North East submarket (Jacksonville) has greater than 50% of its population beyond tertiary care and acute care access criteria. This issue is addressed under the PI for acute hospital access for the North Market.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Medicine	30,987	7,155	30,988	7,156	5,412	1,530	-	-	-	-	24,046	$	14,092,591
Surgery	14,428	(2,701)	14,428	(2,701)	2,068	945	-	-	-	-	11,415	$	21,229,349
Intermediate/NHCU	144,398	-	144,398	-	127,071	-	-	-	-	-	17,327	$	-
Psychiatry	26,515	13,245	26,516	13,246	1,061	-	-	-	-	-	25,455	$	6,718,398
PRRTP	3,514	-	3,514	-	-	-	-	-	-	-	3,514	$	(1,087,816)
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$	-
Total	**219,842**	**17,699**	**219,844**	**17,701**	**135,612**	**2,475**	**-**	**-**	**-**	**-**	**81,757**	**$**	**40,952,522**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Primary Care	326,986	98,190	326,986	98,191	40,000	-	-	-	-	-	286,986	$	(12,386,523)
Specialty Care	383,937	203,454	383,937	203,454	151,000	-	-	-	-	-	232,937	$	49,304,927
Mental Health	126,574	45,964	126,575	45,965	73,500	-	-	-	-	-	53,075	$	(20,373,106)
Ancillary & Diagnostics	440,725	170,121	440,726	170,122	300,000	-	-	-	-	-	140,726	$	(98,141,430)
Total	**1,278,222**	**517,729**	**1,278,224**	**517,731**	**564,500**	**-**	**-**	**-**	**-**	**-**	**713,724**	**$**	**(81,596,132)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	69,010	29,851	63,001	23,842	39,159	-	56,210	-	-	-	95,369	32,368
Surgery	23,370	1,250	20,775	(1,345)	22,120	-	28,105	-	-	-	50,225	29,450
Intermediate Care/NHCU	16,369	-	16,368	(1)	16,369	-	-	-	-	-	16,369	1
Psychiatry	43,783	27,752	43,783	27,752	16,031	-	28,105	-	-	-	44,136	353
PRRTP	12,045	-	12,045	-	12,045	-	12,045	-	-	-	24,090	12,045
Domiciliary program	-	(113)	-	(113)	113	-	-	-	-	-	113	113
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**164,578**	**58,741**	**155,972**	**50,135**	**105,837**	**-**	**124,465**	**-**	**-**	**-**	**230,302**	**74,330**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	143,416	71,795	146,363	74,742	71,621	-	13,000	-	30,000	-	114,621	(31,742)
Specialty Care	381,825	255,793	272,536	146,504	126,032	287	43,550	43,054	-	-	212,923	(59,613)
Mental Health	91,400	73,477	44,052	26,129	17,923	8,558	8,450	-	-	-	34,931	(9,121)
Ancillary and Diagnostics	248,217	177,435	90,065	19,283	70,782	-	-	-	-	-	70,782	(19,283)
Total	**864,858**	**578,500**	**553,016**	**266,658**	**286,358**	**8,845**	**65,000**	**43,054**	**30,000**	**-**	**433,257**	**(119,759)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	67,502	-	109,209	41,707	67,502	-	-	-	40,000	-	107,502	(1,707)
Administrative	592,347	344,811	441,826	194,290	247,536	-	-	-	-	-	247,536	(194,290)
Other	44,516	-	44,516	-	44,516	-	-	-	-	-	44,516	-
Total	**704,365**	**344,811**	**595,551**	**235,997**	**359,554**	**-**	**-**	**-**	**40,000**	**-**	**399,554**	**(195,997)**

4. Facility Level Information – Lake City

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

DoD: Participated in collaborative discussions with Clay Beneke of DoD/Tricare in DC. Our first choice is to work with DoD (preferred option to correct hospital access gap is to contract with Naval Hospital JAX). They will keep us in mind in their planning. Conclusion: No conflicts on planning initiatives.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The North East submarket (Jacksonville) has greater than 50% of its population beyond tertiary care and acute care access criteria. This issue is addressed under the PI for acute hospital access for the North Market.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	12,261	(25)	12,261	(25)	2,500	-	-	-	-	-	9,761	$ (17,277,332)
Surgery	1,440	(1,021)	1,440	(1,021)	-	-	-	-	-	-	1,440	$ -
Intermediate/NHCU	79,695	-	79,695	-	15,143	-	-	-	-	-	64,552	$ -
Psychiatry	1,392	334	1,392	334	-	-	-	-	-	-	1,392	$ (160,154)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**94,788**	**(712)**	**94,788**	**(712)**	**17,643**	-	-	-	-	-	**77,145**	**$ (17,437,486)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	104,225	23,855	104,225	23,855	58,000	-	-	-	-	-	46,225	$ 16,525,994
Specialty Care	106,394	58,914	106,395	58,915	76,000	-	-	-	-	-	30,395	$ (26,827,102)
Mental Health	44,367	24,445	44,367	24,445	29,000	-	-	-	-	-	15,367	$ 52,891
Ancillary & Diagnostics	149,552	46,397	149,553	46,398	95,000	-	-	-	-	-	54,553	$ (50,481,551)
Total	**404,538**	**153,611**	**404,540**	**153,613**	**258,000**	-	-	-	-	-	**146,540**	**$ (60,729,768)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	31,756	12,692	25,281	6,217	19,064	-	-	-	-	-	19,064	(6,217)
Surgery	2,390	402	2,390	402	1,988	-	-	-	-	-	1,988	(402)
Intermediate Care/NHCU	89,160	-	89,159	(1)	89,160	-	-	-	-	-	89,160	1
Psychiatry	3,396	3,396	3,396	3,396	-	3,000	-	-	-	-	3,000	(396)
PRRTP	-	(5,497)	-	(5,497)	5,497	-	-	-	-	-	5,497	5,497
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**126,703**	**10,994**	**120,226**	**4,517**	**115,709**	**3,000**	**-**	**-**	**-**	**-**	**118,709**	**(1,517)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	52,113	33,943	23,112	4,942	18,170	-	-	-	-	-	18,170	(4,942)
Specialty Care	136,186	106,601	38,906	9,321	29,585	-	-	-	-	-	29,585	(9,321)
Mental Health	25,733	18,861	8,913	2,041	6,872	-	-	-	-	-	6,872	(2,041)
Ancillary and Diagnostics	95,714	66,833	34,914	6,033	28,881	-	-	-	-	-	28,881	(6,033)
Total	**309,745**	**226,237**	**105,845**	**22,337**	**83,508**	**-**	**-**	**-**	**-**	**-**	**83,508**	**(22,337)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	2,299	-	-	(2,299)	2,299	-	-	-	-	-	2,299	2,299
Administrative	254,473	137,394	131,121	14,042	117,079	-	-	-	-	-	117,079	(14,042)
Other	20,033	-	20,033	-	20,033	-	-	-	-	-	20,033	-
Total	**276,805**	**137,394**	**151,154**	**11,743**	**139,411**	**-**	**-**	**-**	**-**	**-**	**139,411**	**(11,743)**

E. Puerto Rico Market

1. Description of Market

a. Market Definition

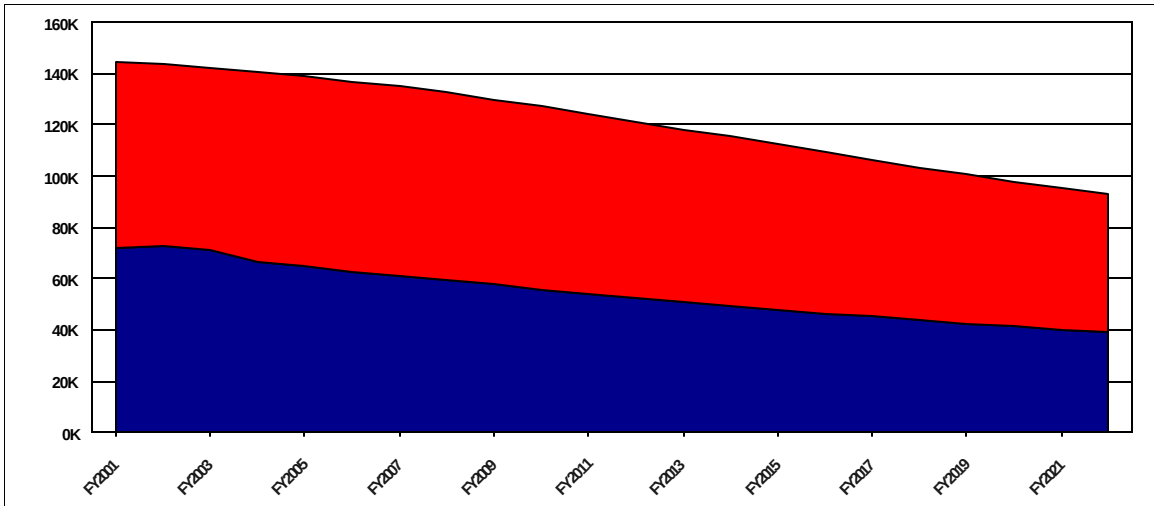
Market	Includes	Rationale	Shared Counties
PUERTO RICO **Code: 8d**	PUERTO RICO	This market has enjoyed the largest market share of patients in the VHA or 50%. Because the market share is large the rate drops to 49% by 2010. The Puerto Rico Market is the only market without submarkets and because it is comprised of the islands of Puerto Rico, US Virgin Islands of St. Thomas & St. Croix, and Arecibo. The market is based on the current PSA with the access to inpatient care at the large and very busy Medical Center in San Juan. There are two multispecialty outpatient clinics in Ponce and Mayguez and three CBOCs in Arecibo and the US Virgin Islands of St. Thomas & St. Croix. The major barrier to care is the geographic barrier our patients face when referred for tertiary care on or off the islands of Puerto Rico, St. Croix, Arecibo and St. Thomas. In addition all roads in Puerto Rico are generally congested turning short distances into long (by time) trips. Zip Code analysis has been requested for Puerto Rico in the heavily populated Municipality areas of the country that equate to state counties in the US.	**None**

b. Facility List

Facility	Primary	Hospital	Tertiary	Other
San Juan				
672 San Juan	✔	✔	✔	-
672B0 Ponce	✔	-	-	-
672BZ Mayaguez	✔	-	-	-
672GA St Croix	✔	-	-	-
672GB St Thomas	✔	-	-	-
672GC Arecibo	✔	-	-	-
672GE Guayama	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Puerto Rico Market			**Februrary 2003 (New)**			
Market PI	**Category**	**Type Of Gap**	**FY2012 Gap**	**FY2012 %Gap**	**FY2022 Gap**	**FY2022 %Gap**
	Access to Primary Care					
	Access to Hospital Care					
	Access to Tertiary Care					
Y	Specialty Care Outpatient Stops	Population Based	**117,770**	**64%**	25,777	14%
		Treating Facility Based	**185,235**	**98%**	**96,258**	**51%**
N	Primary Care Outpatient Stops	Population Based	5,266	2%	**-78,315**	**-32%**
		Treating Facility Based	**55,678**	21%	**-29,669**	-11%
N	Psychiatry Inpatient Beds	Population Based	**21**	**66%**	3	9%
		Treating Facility Based	**26**	**94%**	9	**33%**
Y	Medicine Inpatient Beds	Population Based	**-93**	**-40%**	**-140**	**-61%**
		Treating Facility Based	**-74**	**-30%**	**-124**	**-51%**
Y	Surgery Inpatient Beds	Population Based	-15	**-25%**	**-30**	**-49%**
		Treating Facility Based	-12	-19%	**-26**	**-42%**
N	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	3,483	4%	2,660	3%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

The major barrier to care is the geographic barrier the patients face when referred for tertiary care on or off the islands of Puerto Rico, St. Croix, Arecibo, and St. Thomas. In addition, all roads in Puerto Rico are generally congested making short travel distances into long (by time) trips. Zip Code analysis has been requested for Puerto Rico in the heavily populated Municipality areas of the country that equate to state counties in the US. However, efforts have been made to address any concerns that veterans may have with the CARES process.

Within the past three months, the VISN 8 office held Management Assistance Council meetings with multiple stakeholders. Additionally, the Public Affairs Officer within the Puerto Rico Market has been active presenting CARES information. Puerto Rico has documented all CARES activities with various stakeholders. The activities have included discussions with administration at San Juan Medical Center regarding CARES, Management Assistance Council presentations, Union representatives engaging in Q & A sessions with VISN 8 and Puerto Rico Market about the impact on facilities in Puerto Rico and southwest Florida.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The San Juan VA Medical Center, a highly complex and highly affiliated facility, is the only VA hospital within the Puerto Rico Market. VA is the preferred health care alternative for veterans, as evidenced by its 50% market share—by far the highest in the nation. The San Juan VAMC is an obsolete 34-year old building, which is plagued by significant seismic, asbestos, operational and functional deficiencies. San Juan currently experiences severe deficiencies in its surgical wards concerning life safety & fire protection, seismic deficiencies, asbestos, patient safety, patient privacy, space, and nonproximity to operating rooms and surgical intensive care units). For Inpatient Surgery, these deficiencies will be ameliorated by new approved and funded major construction, which will provide 23,000 square feet (sf) for inpatient surgical care in what is termed the new South Bed Tower. Activation is expected in August 2006. Also, construction has been funded via the Minor program to relocate the Surgical Intensive Care units from the eighth floor to the first floor contiguous with the operating room suite and immediately adjacent to the planned bed tower. This new space will not only resolve the deficiencies mentioned above, but will also markedly improve patient safety and quality of care by eliminating the need to transport recently-operated patients through public hallways, on slow and crowded elevators, to a destination ward eight floors above in a seismically unfit tower.

CARES projections indicate a gradual decline in demand for Inpatient Surgery beds, equivalent to –12 beds in 2012 and –26 beds in 2022. However, this decrease will not result in the creation of excess space, because of the severe space deficiency that currently exists. For example, the space driver calls for more than 36,000 sf in FY2002, while the actual space is only 10,000 sf. Once the new bed tower is activated, the surgical beds will be moved from the existing location. The 10,000 sf left behind will then be subject to renovation (in FY07 and FY08) and reallocation to other functions. The alternatives for reallocating this space are (1) assign to Outpatient Specialty Care, which is projected to have an increasing demand, and which is currently space-deficient, and (2) assign to other areas which are also lacking of space, such as education, telemedicine/telehealth, and administration. The preferred alternative is the first one, since it will directly satisfy the needs of the Outpatient Specialty Care, which is another CARES Planning Initiative. This preferred alternative includes the potential contracting of BDOC thru FY2005, in the event that in-house beds cannot satisfy the inpatient surgery demand. The VISN expects that recurring resources will be provided in the

event that contracting should be required, since the contract unit costs are 40% greater than the facility unit costs (according to the CARES Cost Calculator).

One observation deserves comment: The actual Inpatient Surgery BDOC are significantly lower than the modeled BDOC. This is most likely the result of San Juan's successful Ambulatory Surgery program, which has shifted considerable surgical workload from the expensive inpatient modality to the more economical, but equal quality, outpatient modality.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

ACCESS TO PRIMARY CARE:Access could not be analyzed for the PR Market because county-level data was not available so no access gaps were identified. San Juan completed an access analysis using municipality-based vet pop data (from 2000 US Census) and available driving time data. Access to PC(72%) satisfied CARES criteria that 70% of enrollees reside within 30 min. driving time from a source of PC. The number residing greater than 30 min. away is 21,509, significantly exceeding the 11,000 CARES limit. The driving times between the respective municipalities and VA facilities are optimal, i.e., best-case driving times. During peak traffic periods, the driving times can be significantly dilated, which would adversely affect the access projections. For example, the optimal driving time between Bayamón and the SJ VAMC is about 15 min, while at rush hour it may extend to 1 hr. The municipalities affected by access gaps are illustrated in the file PR_Market_access_gaps.ppt in the V8 Market Plan Backup Documents section of the CARES Portal. Pre-CARES initiatives include activating the approved CBOC in Guayama and Fajardo (hereafter identified as Eastern PR CBOC), and expanding/replacing the Arecibo CBOC. These initiatives will reduce the number of access-challenged enrollees to 14,612, and will incur a projected operating cost of $5,857,193. In addition, 3,612 enrollees will be provided access through initiatives to expand the TeleHealth program, incurring an estimated operating cost of $2,114,576. (This latter cost is an upper estimate, assuming that the unit cost of TeleHealth visits is the same as that of PC. In actual practice, TeleHealth visits are expected to be slightly less expensive than PC, but the initial cost per patient will be increased by the cost of equipment that must be acquired.) The remaining 11,000 non-proximal enrollees are within the CARES criteria, and will be decreasing as the vet pop is projected to decrease.The secondary alternative of contracting PC was discarded because of very limited capacity in the community, unacceptable quality and continuity of care compared to VA, and cost considerations (contract unit cost is estimated to be slightly higher than facility unit cost).

PROXIMITY TO ACUTE HOSPITALIZATION:The PR Market identified acute hospital care proximity gaps. Although 79% of the enrollees reside within 90 min. driving time of the San Juan VA Medical Center (better than the 65% CARES criterion), 16,327 reside greater than 90 min. driving time, which exceeds the CARES criterion of 12,000. (See the file PR_Market_access_gaps.ppt in the V8 Market Plan Backup Documents section of the CARES Portal for a graphical illustration of the municipalities affected.) Alternative scenarios considered were (1) contracting out and (2) construction of an additional hospital in Western PR. Contracting is the preferred option; it is already used for patients who are not stable enough to travel to San Juan or if beds are not available at the San Juan VAMC (occupancy in Medicine is usually 100%). Effective pre-authorization and utilization review processes are in place for managing these non-VA hospitalizations. This alternative would provide contracted hospitalization services to 4,327 enrollees, which would be expected to generate 7,432 BDOC, at an estimated cost of $756,812. The construction option is not justified because of insufficient local veteran population, high cost, and low probability of congressional approval.

PROXIMITY TO TERTIARY CARENo tertiary care proximity gaps are considered to exist in the PR Market. Emergency transportation such as air ambulance could provide transit time within acceptable limits for these areas, albeit at a high cost.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**89%**	9,888	**89%**	9,888	**89%**	9,888
Hospital Care	**89%**	9,888	**89%**	9,888	**89%**	9,888
Tertiary Care	**89%**	9,888	**89%**	9,888	**89%**	9,888

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – San Juan

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

DoD: A large FEDS HEAL program is in operation at San Juan which provides for annual physical exams for active duty personnel. Surgeons at the Roosevelt Roads Naval Hospital are given clinical privileges at the San Juan VAMC to help them maintain proficiency. DoD sharing agreements are in place which provide for the San Juan VAMC to treat active duty personnel in both the outpatient and inpatient settings. San Juan is coordinating with the US Army's Fort Buchanan Health Clinic to perform physical therapy for veterans as a collaborative initiative. This will reduce the Outpatient Specialty Care gap by approximately 10,000 stops per year. San Juan is also pursuing partnering with DoD at the Roosevelt Roads Naval Base for other outpatient specialty care gaps, such as in ophthalmology, ambulatory surgery, urology and orthopedics. A possible scenario may also be a sharing agreement by which part of the Roosevelt Roads naval hospital will be used as the VA Eastern Puerto Rico CBOC. This would also serve the primary care needs of veterans in the relatively isolated eastern part of Puerto Rico, plus the island municipalities of Culebra and Vieques. Another initiative is being contemplated is for DoD to perform C&P exams for the VA, which would ensure objectivity and help accelerate the processing of claims. All these collaborative initiatives are undertaken to ensure that standards of patient care quality are upheld. They also provide for optimal use of resources and directly contribute to VA's mission to provide support to DoD. Educational affiliations can take advantage of collaboration with DoD to provide trainees with experience in treating women and children, very few of which are seen at the VAMC.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VBA: There are plans to place a rating specialist in the medical center to accelerate the processing of claims. The Contact Division currently has office space within the medical center.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

NCA: In the event that the VA is ceded space at the Sabana Seca naval facility (which is being closed), the Puerto Rico National Cemetery will have the opportunity to acquire acreage for burial plots as well as co-locate administrative and support space with the VAMC. The cemetery expects to run out of space within a few years.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The San Juan VA Medical Center, a highly complex and highly-affiliated facility, is the only VA hospital within the Puerto Rico Market. VA is the preferred health care alternative for veterans, as evidenced by its 50% market share—by far the highest in the nation. The San Juan VAMC is an obsolete 34-year old building, which is plagued by significant seismic, asbestos, operational and functional deficiencies. San Juan currently experiences severe deficiencies in its surgical wards concerning life safety & fire protection, seismic deficiencies, asbestos, patient safety, patient privacy, space, and nonproximity to operating rooms and surgical intensive care units). For Inpatient Surgery, these deficiencies will be ameliorated by new approved and funded major construction which will provide 23,000 square feet (sf) for inpatient surgical care in what is termed the new South Bed Tower. Activation is expected in August 2006. Also, construction has been funded via the Minor program to relocate the Surgical Intensive Care units from the eighth floor to the first floor contiguous with the operating room suite and immediately adjacent to the planned bed tower. This new space will not only resolve the deficiencies mentioned above, but will also markedly improve patient safety and quality of care by eliminating the need to transport recently-operated patients through public hallways, on slow and crowded elevators, to a destination ward eight floors above in a seismically unfit tower.

CARES projections indicate a gradual decline in demand for Inpatient Surgery beds, equivalent to –12 beds in 2012 and –26 beds in 2022. However, this decrease will not result in the creation of excess space, because of the severe space deficiency that currently exists. For example, the space driver calls for more than 36,000 sf in FY2002, while the actual space is only 10,000 sf. Once the new bed tower is activated, the surgical beds will be moved from the existing location. The 10,000 sf left behind will then be subject to renovation (in FY07 and FY08) and reallocation to other functions. The alternatives for reallocating this space are (1) assign to Outpatient Specialty Care, which is projected to have an increasing demand, and which is currently space-deficient, and (2) assign to other areas which are also lacking of space, such as education,

telemedicine/telehealth, and administration. The preferred alternative is the first one, since it will directly satisfy the needs of the Outpatient Specialty Care, which is another CARES Planning Initiative. This preferred alternative includes the potential contracting of BDOC thru FY2005, in the event that the inpatient surgery demand cannot be satisfied by in-house beds. The VISN expects that recurring resources will be provided in the event that contracting should be required, since the contract unit costs are 40% greater than the facility unit costs (according to the CARES Cost Calculator).

One observation deserves comment: The actual Inpatient Surgery BDOC are significantly lower than the modeled BDOC. This is most likely the result of San Juan's successful Ambulatory Surgery program, which has shifted considerable surgical workload from the expensive inpatient modality to the more economical, but equal quality, outpatient modality.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	52,756	(23,103)	52,757	(23,102)	4,221	-	-	-	-	-	48,536	$ (32,099,435)
Surgery	15,658	(3,598)	15,658	(3,598)	832	-	-	-	-	-	14,826	$ (14,434,900)
Intermediate/NHCU	183,307	-	183,307	-	131,982	-	-	-	-	-	51,325	$ -
Psychiatry	16,327	7,916	16,328	7,917	327	-	-	-	-	-	16,001	$ 14,001,982
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	5,756	-	5,756	-	-	-	-	-	-	-	5,756	$ -
Blind Rehab	3,416	-	3,416	-	-	-	-	-	-	-	3,416	$ (474,329)
Total	**277,220**	**(18,785)**	**277,222**	**(18,783)**	**137,362**	-	-	-	-	-	**139,860**	**$ (33,006,682)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	324,148	55,678	324,149	55,679	3,242	-	-	-	-	-	320,907	$ (44,714,603)
Specialty Care	374,192	185,235	374,193	185,235	8,809	10,000	-	-	-	-	355,384	$ (58,184,575)
Mental Health	84,633	3,484	84,633	3,484	15,234	-	-	-	-	-	69,399	$ (4,400,494)
Ancillary & Diagnostics	397,769	70,659	397,769	70,659	11,934	-	-	-	-	-	385,835	$ (56,154,090)
Total	**1,180,742**	**315,056**	**1,180,744**	**315,057**	**39,219**	**10,000**	-	-	-	-	**1,131,525**	**$ (163,453,762)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	100,956	42,706	100,955	42,705	58,250	-	45,000	-	-	-	103,250	2,295
Surgery	24,693	14,693	24,611	14,611	10,000	-	23,000	-	-	-	33,000	8,389
Intermediate Care/NHCU	37,600	-	37,599	(1)	37,600	-	-	-	-	-	37,600	1
Psychiatry	39,044	29,144	39,042	29,142	9,900	-	-	25,000	-	-	34,900	(4,142)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	7,900	(4,900)	12,800	-	12,800	-	-	-	-	-	12,800	-
Blind Rehab	12,800	4,900	7,900	-	7,900	-	3,000	-	-	-	10,900	3,000
Total	**222,992**	**86,542**	**222,907**	**86,457**	**136,450**	**-**	**71,000**	**25,000**	**-**	**-**	**232,450**	**9,543**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	160,454	112,439	160,454	112,439	48,015	-	-	-	100,000	-	148,015	(12,439)
Specialty Care	403,380	314,345	390,922	301,887	89,035	3,000	-	65,250	206,750	-	364,035	(26,887)
Mental Health	57,601	13,456	57,601	13,456	44,145	-	-	-	-	-	44,145	(13,456)
Ancillary and Diagnostics	246,935	168,640	246,934	168,639	78,295	-	-	-	120,000	-	198,295	(48,639)
Total	**868,370**	**608,880**	**855,911**	**596,421**	**259,490**	**3,000**	**-**	**65,250**	**426,750**	**-**	**754,490**	**(101,421)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	10,600	-	6,480	(4,120)	10,600	-	-	-	-	-	10,600	4,120
Administrative	506,903	319,948	499,237	312,282	186,955	-	-	75,000	-	-	261,955	(237,282)
Other	37,050	-	37,050	-	37,050	-	-	-	-	-	37,050	-
Total	**554,553**	**319,948**	**542,767**	**308,162**	**234,605**	**-**	**-**	**75,000**	**-**	**-**	**309,605**	**(233,162)**